



Making Drama out of a Crisis

Authentic Portrayals of Mental Illness in TV Drama

authored by:

Greg Philo
Lesley Henderson
Katie McCracken

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Television drama has enormous power to shape public attitudes towards mental illness – a subject still shrouded in ignorance and misunderstanding

But is it the job of the industry to challenge these popular myths? Or does it have a responsibility at least not to mislead? Is using pejorative dialogue about people with mental health problems any more acceptable than broadcasting racist language?

This report is intended to encourage writers, producers, directors and commissioners of television drama to enter into a debate about these issues and how they portray mental illness on TV. Mental health charities, experts and people with mental health problems are keen to join this discussion.

This report was developed by researchers led by The Glasgow Media Group at Glasgow University.

It was commissioned by Shift (<http://shift.org.uk>), the Department of Health programme to tackle the stigma and discrimination associated with mental illness.

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Executive Summary

The research was designed to consider three aspects of TV drama and entertainment and to show the links between them: production, content and audience reception. The production element involved a series of in depth interviews with people working in TV drama production such as editors and producers. The content analysis involved coding three months of TV programming for references to mental health to identify occurrences of 'positive' or 'negative' portrayals. The audience reception element was done through series of focus groups with both the general public as well as people who are users of mental health services.

The key findings are as follows:

Production

- People who have experienced mental health problems and acted as consultants to the TV industry recognise that television drama has the potential to challenge stigma and prejudice
- The ability to consult on programmes and the level of involvement that this entails does differ significantly in practice
- Some portrayals were criticised for overly simplistic depictions of people with mental health problems such as a character with bipolar disorder being portrayed as “up and down” whereas others provided a more nuanced approach
- Increased emphasis on the longer process of recovery, including the role of self-management would allow characters to be empowered
- Programmes do not need to be entirely serious in order to address mental health issues with humour and warmth
- The qualities of a good actor can override concerns about balancing realism with drama allowing stories to do both
- The process by which a character becomes increasingly distressed and falls ill offers significant dramatic potential and is often extremely well handled in television drama.

Content

Content analysis involved recording programmes on channels BBC1, BBC2, ITV1, Channel 4 and Five between 4pm and 11pm over a three month period. Programmes were coded for their national origin, date and channel. 434 references to mental health were coded. References were then grouped into three main categories: 1) violence and harm to others and to self, 2) sympathetic portrayals, and 3) alternative accounts, which question the nature or treatment of mental health issues. There was an over dominance of unsympathetic portrayals or references to mental health, however there were clear examples of where the issues can be addressed sensitively and constructively

Key findings were:

- A total of 74 programmes contained storylines on mental health issues; in these:
 - There were 33 instances of violence to others.
 - There were 48 instances of additional types of harm
 - There were 53 examples of harm to self
 - There were 33 examples of sympathetic portrayal
- Secondary references in magazines and tabloid newspapers are important as they show how images from television can feed into a wider popular culture
- Key types of portrayal include:
 - The mentally ill as dangerous outsiders,
 - Mentally ill as tragic but more deserving of sympathy,
 - Alternative accounts of mental health (including those questioning the nature of mental illness or that mental health problems are a 'normal feature' of human life)

Audience research: focus groups

Seven focus groups lasting one and a half hours each were conducted in different areas in England. Key findings were:

- Focus group participants were aware of a range of portrayals of mental health in TV drama
- Participants perceived a link between negative portrayals of mental health and publicly held perceptions, particularly connecting risk and dangerousness with mental health
- There was strong support for programmes that attempted to educate or inform the public about mental health and for characters that seemed well researched
- However, there was some irritation that soap opera characters in particular over overdramatized with regard to mental health
- Examples of what was considered informative, interesting and positive include storylines where the character is followed through the process of diagnosis and recovery
- Focus group participants acknowledged that they could laugh at jokes on mental health but later feel guilty about this, realising that they were in bad taste.

Main Report

Introduction

This study was commissioned by Shift in 2009 to explore the impact of television drama and entertainment has on public perceptions of mental health and ill health. The research was based on an analysis of content, production issues and the way that 'audiences' receive portrayals of mental health in TV drama. The research builds upon the 1995 work by the Glasgow Media Group 'Media and Mental Distress' which provided an important analysis of the way news media approached the issues. This study makes a critical analysis of the interaction between all three 'strands' of the research. We attempt to track the 'audience' reactions to messages about mental health from our focus group research, through an examination of media coverage over 3 months to where the programmes originate, through production process. Thus, we begin with the later and attempt to demonstrate the links across the three.

Production Processes

Our aim here is to examine production values that influence how mental health storylines are developed in British television drama. We explore how decisions concerning mental health stories are made; how these stories may compare to other sensitive storylines and how the same material might be treated differently depending on the programme format. In addition we wanted to explore perceptions of current working practices and occupational culture in television drama, whether this has changed over the past few years and the impact this may have on how mental health stories are produced. We interviewed Producers, Writers and Heads of Drama as well as representatives from mental health organisations who regularly act as consultants for television drama ($n=11$). Interviews were tape recorded with permission and transcribed. The data were analysed for recurring or dominant themes and these are presented below.

Themes Emerging from Interviews with Programme Consultants from Mental Health Organisations

Programme consultants (some of whom have experienced mental distress themselves) recognised that television drama has the potential to challenge stigma and prejudice. Fictional programmes can reach huge audiences and generate extraordinary levels of coverage that have measurable impact (for example interviewees reported that there was an increase in public use of telephone help lines or websites following programme episodes that featured mental health – thus peaks in 'hits' to the Manic Depression Fellowship website matched story twists in *EastEnders* high profile bipolar disorder story). Our interviewees clearly value the commitment of television producers and writers to this area. The ability to consult on programmes and the level of involvement that this entails does differ significantly in practice. Some productions welcome close collaboration throughout the life of a storyline with consultants able to give input at a story outline stage and see this through to a first or second draft script – other requests may simply involve a swift response in a one-off telephone call to check for accuracy. Interviewees revealed perhaps unsurprisingly that it was preferable to be involved at an early stage as this facilitates a mutually beneficial relationship:

“ I like to get in at the beginning at the design stage. Like with a building. Get it right from the beginning rather than adapt an existing story.

(Consultant A, Source Interview)

In particular programme makers were praised by those working in the area of mental health, for their ability to portray – often very sensitively- the process by which characters become unwell and begin to ‘unravel’ in a downward spiral. This was specifically the case with television soap opera storylines where there was sometimes a significant commitment to the material over a period of many months.

Some portrayals were criticised for overly simplistic depictions of people with mental health problems such as a character with bipolar disorder being portrayed as “up and down” whereas others provided a more nuanced approach. A key example here is *EastEnders* character Stacey Slater who was shown over a period of some months becoming increasingly disorientated with the physical symptoms that typically accompany an episode such as feeling very hot and thirsty. Acknowledging these physical symptoms of course adds authenticity to the performance for audiences – not least those affected by the condition who welcome more rounded characterisations that include rarely addressed dimensions of the condition.

Despite a diverse range of storylines concerning the broad theme of mental distress in current television drama there tended to be a consistent theme concerning the unqualified benefits of medication (put simply as ‘take your medication, you will get better, problem over’). By contrast there is often far less attention to the ‘process’ – *often fluctuating* – of becoming ill and then well. This was raised as an important dimension that was missing from the majority of representations in television drama. As the following interviewees emphasise:

“ I can’t remember how many scripts I’ve seen from depression to psychosis where the comments are always ‘You need to keep taking your medication’

(Consultant C, Source Interview)

“ There is this belief that once you start taking your medication then everything becomes magically awesome – you become normal and as long as you continue to take your medication you will remain normal and the only way to be normal is to take your medication

(Consultant A, Source Interview)

There was a strong belief that programme makers are often more interested in the dramatic potential of a character who is in the process of losing contact with reality. The problem is maintaining the commitment to that character, as one of our interviewees describes:

“ The worry is that there is the high octane drama and then they might never mention it again but they will throw it in again a year later and everyone has forgotten they even had a mental health problem

(Consultant B, Source Interview).

Those who had experienced mental health problems themselves emphasised that it was important for audiences to see that people face difficult choices for example in terms of deciding to live with or without medication. As one consultant pointed out:

“ It is a kind of bereavement [for your previous life] and it's important that people can see that and that's not like 'That's the end of it'. [Bipolar disorder] is a fluctuating condition and you mediate it accordingly. Medication doesn't solve everything. It is very important but it's not a magic wand.

An additional dimension that is often overlooked even where storylines are sympathetic is to show that self management is a crucial part of the process of recovery. In several programmes but perhaps most specifically in television soap opera where much of the drama revolves around family life it was noted that the character with mental health issues was supported in taking medication by others. An important progression would be to actually show the character as empowered and able to gradually take charge of their own treatment.

Despite the diverse range of mental health conditions that have formed the basis of storylines in television drama there were a few recurring themes. For example programme consultants found that there were increasing occasions where psychosis was represented in terms of hallucinations (where characters are revealed to be hallucinations and this is revealed only later to audiences). Mental health organisation representatives pointed out that not everyone with psychosis will inevitably experience hallucinations and nor will people with bipolar disorder actually hallucinate- although their senses are heightened during an episode this is not the same as actually having hallucinations.

There are other challenges for programme makers and writers. There were inconsistencies noted by our interviewees even within the same production where one storyline may involve detailed and lengthy collaboration with mental health consultants and another story in the same programme would not. Those working in the field of mental health are keen to develop and nurture good relations with programme makers that mean they can work on all mental health related storylines and help to develop a more consistent approach to this area.

There are also key issues concerning strict secrecy and levels of trust. Due to commercial constraints sources or consultants are unlikely to know how storylines will develop - this can sometimes be problematic

in terms of characterisation (e.g. Stacey was depicted as 'lying' about a sexual attack in *EastEnders* and this duplicitous behaviour was inconsistent with bipolar disorder but it was later revealed (to programme consultants and audiences) that she was telling the truth and had in fact been raped). It is difficult to see how this could be resolved due to economic imperatives that mean forthcoming soap storylines are tightly controlled.

The public appetite for television soap opera means that this format has a huge potential for reaching large – particularly young- audiences. Additional 'spin off' shows also attract audiences who may not necessarily be regular viewers of the programme. Sometimes these programmes can serve to undermine the original 'positive mental health story'. For example, a past storyline in *Hollyoaks* featured a teenage boy, 'Newt' with schizophrenia. Despite the television storyline being praised for a sensitive rich portrayal of an acute condition, our interviewees described how a spin off programme on Radio One featured the actor discussing schizophrenia but used accompanying soundtrack with inappropriate music such as 'People are Strange' by The Doors.

Another important point was that programmes do not need to be entirely serious in order to address mental health issues with humour and warmth – a point also noted by some of our focus group participants. The Channel Four programme *Shameless* that featured a woman with bipolar disorder was praised for providing audiences with an authentic experience:

“ Although [*Shameless*] was played slightly for laughs I thought the endless energy as she begins to become really unwell was beautifully played and actually quite representative. The pitfall with bipolar is playing it as 'you're just up and down' [although] the all or nothing is definitely part of an unmedicated experience.

(Interview with Consultant A)

Themes Emerging from Interviews with Drama Controllers, Producers and Writers

The power of television drama is recognised in contemporary broadcasting but it was not always the case. As the Controller of BBC Drama John Yorke reflects here, the impact of Angie Watts attempted suicide storyline in *EastEnders* (1986) has shaped how TV drama approaches this type of material. Despite aiming to deter rather than encourage such acts as Yorke explains “we have to accept that sometimes messages are taken from our work that we do not intend”:

“ [Going back to] the early days when Angie took her overdose it was a cataclysmic change in the industry because no one knew that drama could have that kind of effect. The show was getting 20 million viewers. That was a big wake- up call because no one had ever done that before. You know with suicide on paper there is something very romantic about it but no one until then had really understood the potential for copycat. You tend to moralise your way out of these things but you know if someone attempts suicide and fails and then is redeemed it sends the message that in some way suicide will save you which is not very true or a constructive thing to say.

(Interview with John Yorke)

The broad topic of mental distress provokes a number of challenges for those working in television drama. In addition to taking care over possible copycat behaviour there are wider issues of dramatic pace and realism. Thus while all of our interviewees agreed that mental distress required sensitive handling there are clear pressures that exist when making television drama, in that regardless of story topic there must be dramatic pace. As John Yorke explains:

JY: Drama involves change and if you give someone a condition – the golden rule of drama is that in every scene there has to be some progression and if there isn't you get bored so if someone is just suffering from something it's very hard to make a story out of it and the danger is that it just becomes wearing and difficult because the character doesn't change

LH: Which of course is quite realistic?

JY: Well it is but it's dull to watch. So you're endlessly balancing the demands of drama on the one hand and reality on the other. Now you can do it and obviously most recently we did it with Stacey because we felt that the character was set up enough with a back story not to just plonk an illness on her but also it was plausible enough to take her through a classic story arc which is illness, diagnosis, treatment and stabilisation which is the classic story arc. It's like Phil being an alcoholic it's very similar in terms of narrative. What do you do? Once they start drinking they just drink a lot so making that dramatically interesting is tricky over time.

(Interview with John Yorke).

Producers and writers agreed that mental distress was an area where they felt a special responsibility and despite narrative requirements that may seem to work against this there was a strong sense that audiences deserve authentic and responsible drama. All of the writers and producers discussed how they regularly approached outside consultants such as psychiatrists or mental health representatives. The Series Producer of daytime medical drama *Doctors* (BBC) Peter Lloyd described how he had sent an outline of symptoms to a psychiatrist and asked for a diagnosis to match a character that he was in the process of developing. Lloyd had been inspired to develop character Ruth Pearce by attending the Mental Health Media Awards.

“ It’s an inevitable part of the show that our main characters are going to get something and what we had always shied away from was mental illness. We attended the Mental Health Media Awards and I learned quite a lot from that. It was just something I wanted to do to have a main character with a mental illness that we can examine at close quarters because a lot of patients we see once and that’s it and because mental health problems are so ongoing and lengthy – we had already tested the water with Dr Jimmy who had OCD so Ruth was designed as a character to have a mental illness of some description right from the start. I put together a kind of a characterisation and we sent it to our psychiatrist adviser and he diagnosed her based on the information that I gave him which is a really fascinating way of going about it. I wanted her to be slightly obsessive and I wanted her to fixate on one of our other regular characters and what that would mean and what condition that would denote and he came back with borderline personality disorder which is less well known than bipolar

(Interview with Peter Lloyd)

Television drama is able to allow audiences to witness scenes that would be impossible or difficult to achieve in other television formats such as news or documentary. Gripping scenes involving a character being sectioned were constructed involving a very high level of attention to detail. In the case of *EastEnders*, production personnel sought out the type of treatment that Stacey would receive had she in reality been living in that London postcode and *Doctors* followed Ruth into a mental health unit after being sectioned. The first half of Ruth’s story bore strong similarities to Hollywood film ‘Single White Female’ as Ruth becomes obsessed with her female colleague Michelle. However the Producer was keen that the second part of Ruth’s story was also developed sympathetically.

“ We just wanted it to be as raw and as scary as possible because it was told from Ruth’s point of view and it can be very raw and scary and the great thing was another of our characters was the doctor who had her sectioned. That was all deeply traumatic and the impact she had. Then we followed her in the mental health unit for a couple of weeks and she went through a psychosis and was trying to work out what was real and what wasn’t and we really went for it I have to say. We got a lot of good feedback and obviously you have to cut corners and things have to be done faster than in real life and I think audiences understand that but for me what was just as important as you said as the ‘single white female’ thing and the descent into madness and the psychosis and the sectioning was the second half [which] was about her recovery, was about her therapy

(Interview with Peter Lloyd)

Later episodes feature Ruth after she has returned to work and where she must face her colleagues, deal with prejudice and convince others that she is stable enough to work again. Although there is a strong commitment to narrative pace and drama the qualities of an actor can override these concerns. As the Producer explains:

“ It’s difficult because we’re a visual medium so just having two characters sitting talking in a therapy session is quite dull but is also quite exciting if you’ve got someone like Ruth who is played by the most amazing actress and can really grip you in terms of what’s going on in their heads so I thought using a regular character who audiences already love without knowing that she has this mental illness

(Interview with Peter Lloyd)

Scenes where characters are sectioned perhaps represent the most visually dramatic and disturbing elements of the range of mental health story arcs. However this can be justified as simply reflecting reality. As Deiderick Santer, who was until recently the Executive Producer of *EastEnders* explains:

“ A hundred people with bipolar would have a different story to tell [about] what triggered their condition, whether it was with them from childhood or came on in their late teens or whether they were happy or angry about [it] or whether they wanted to be medicated or not. Everyone has a different account [about] whether being sectioned was a good thing or a bad thing. Everyone has very strong and very different views. So you embark on this story knowing that you won’t tell everyone’s story and you won’t be able to please everyone who has that condition so what you have to do is create a version that works for that character and is in itself credible. [Stacey] can’t be all things to all people she just has to be consistent. So we would work with researchers, psychiatrists or people with bipolar or support groups to work out how it was for her and make that true in itself. There were a few complaints around that and some people felt the sectioning **was** just too grim but from the point of view of the character it was grim. She didn’t want to be sectioned. (emphasis added)

(Interview with Deiderick Santer).

Maintaining and developing an existing character with a mental health problem can be difficult. The temporary resolution offered by ‘taking the pills’ means that writers often expressed that they were ‘in a cul de sac’ where the character could not move on. As one writer describes:

“ Stacey is either good or bad. We ask in the [production] meetings “is she on her medication just now?” What medication could she have that would bring her back to the Stacey we used to love?

(Interview with Writer 5).

The process by which a character becomes increasingly distressed and falls ill offers significant dramatic potential and is often extremely well handled in television drama. However the period of recovery which in reality involves fluctuating health is very difficult to do and there is a concern that this will not interest audiences. Assumptions about 'what audiences want' of course do underpin all of these decisions discussed above. One of our interviewees described how in their view television drama is now more concerned with "big bold, marketable ideas", as this Producer explains:

“ When a drama doesn't fit into that (description) then you really struggle to get it made. Dramas about the descent into mental illness or suicide would be considered bigger and bolder and more marketable than the necessarily more subtle dramas about recovery. Broadcasters increasingly want their “issues” to have tabloid appeal¹

(Interview with Producer, 6)

An additional related issue is that decision making in television is believed to have become increasingly centralised over the past 20 years with repercussions for making television drama concerning mental illness:

“ Decision making in television has been increasingly centralised over the past 20 years. Today there is only a handful of people who can actually green-light (commit funds to make) a project, and they feel they have to be convinced that the idea can be marketed before the script is written. This has an effect on all television drama - but the situation is particularly tricky for mental health drama which is considered a difficult 'sell'.

(Interview with Producer 6)

We also spoke with experienced writer and mental health activist Donna Franceschild who wrote the acclaimed BAFTA winning drama series 'Takin Over the Asylum'. She believed the success of this programme was due to writing authentic characters that were simply based on people she knew:

“ The great thing about Takin' Over the Asylum it was heightened style but basically we were just portraying people who found themselves in hospital

(Interview with Donna Franceschild)

¹ The changes in television culture and the negative impact of this on television drama and the creative process have been raised by Producer Tony Garnett <http://www.guardian.co.uk/media/organgrinder/2009/jul/15/tony-garnett-bbc-drama>

For Franceschild the key issue in mental health relates to employment and specifically the dilemma whether people who have experienced mental illness should disclose this to employers and risk prejudice or discrimination:

“ The hot issue now and we’ll see if TV drama picks up on it is employment, mental health unemployment. I think that is roaring to the forefront because people are not getting jobs and people are having to fill out medical forms and they’re given the choice of ‘Do I not own up to it and then if I have problem I get sacked’ or ‘Do I declare it because I should and then not get promoted or not get the job?’

(Interview with Donna Franceschild)

Franceschild also believes that there has been a significant shift in the material that television soap opera now tackles and the ways in which the genre has met the challenge of producing responsible mental health stories:

“ It’s the soaps that have sort of led the way on this and the dramas that are lagging behind because mental health is not sexy for a classy drama. I could weep getting a treatment asking if I am interested in writing something about a couple of depressed kids who eventually kill their class mates – I think “Oh yeah that won’t ruin my reputation as a mental health activist to say depression equals violence against other people” when a mere perusal of the statistics will tell you that people with mental health problems are more likely to be attacked than attack anyone else.

(Interview with Donna Franceschild)

However not all of the soap opera stories are necessarily progressive or challenging and sometimes audiences respond in ways that television producers and writers did not anticipate or intend. It is worth looking briefly at the character of serial killer, Lucas Johnson – a preacher in *EastEnders* who was in the view of the production team, meant to represent an American Gothic character – not to be taken too seriously. The character was discussed widely in soap magazines and websites and swiftly became known as the ‘psycho preacher’. Episodes were previewed by fans debating forthcoming story arcs online involving scenes where ‘Lucas goes nuts’. A ‘spin off’ BBC programme titled ‘The Two Faces of Lucas’ and the actors’ own comments that he was playing a ‘Jekyll and Hyde character’ seem to feed into existing misconceptions of ‘split personality’. The actor was nominated for best soap villain at the 2010 Soap Awards. His character is described as having been taken ‘to the edge of sanity and plunges over it’. Current episodes show Lucas picking up a woman in a bar and leading her to remote woodland. The implication is that Lucas means to do her harm but we are later shown the same woman in her flat clutching a bible and blankly agreeing with Lucas that he simply wanted to ‘cleanse her soul’² Despite what audiences may assume according to *EastEnders* sources, Lucas Johnson was apparently intended not to represent a violent psychopath but

² It was widely reported that the original storyline involved Lucas picking up a prostitute in a bar and then killing her. Scenes were re shot in light of the arrest of a man in connection with the murders of four prostitutes in Bradford <http://www.whatsontv.co.uk/soaps/eastenders/news/get-the-scoop-on-lucas-johnsons-manic-meltdown/9287>.

rather to redress the profile of minority ethnic characters being relegated to 'B list storylines'. This character can be taken to reflect how programmes have progressed from the 1980s where a liberal sensibility meant that programme makers were very cautious over "issue storylines". As Deiderick Santer outlines:

“ In the 80s all Black and Asian characters on TV particularly in soaps were worthy and boring. For fear of being offensive you'd give your adultery stories to the white characters, the working class characters, and for fearing of being racist with a slightly naive liberal view you'd make the black characters quite noble but actually by removing A list stories from them you relegate them to B list characters (...) Now why can't we have a black murderer on the telly? Are we stuck in a liberal thing where you can't show minority characters doing interesting things? There is a cliché about Black men and violence but the cliché isn't about pentecostal priests who murder because they think they are an angel of God. It's a different narrative”

(Deiderick Santer, Interview).

This point of view also relates to the decision by the programme to reveal Stacey Slater as the murderer of Archie Mitchell in an episode broadcast live to 16 million viewers. Santer defends the decision to have Stacey murder Archie because “she might have mental health issues Stacey Slater but that shouldn't stop her from being an interesting character”. As he continues:

“ I know that many people were really pleased that here for once finally was representation of a character with mental health issues who wasn't a murderer or a psycho killer or who wasn't your TV drama cliché [...] everyone was pleased in the mental health community that it was a non sensational representation of a character who might be danger to herself but not to those around her but my view is she has to live on as a three dimensional soap character existing within the genre. If I then clip her wings and say you know “we can't do that with Stacey because she's carrying a mental health story and we can't say bad things about people with mental health” then I'm dead as a story teller and she's dead as a character

(Diederick Santer, Interview).

In brief conclusion it is worth noting that there appears to be a hierarchy of mental health conditions. Indeed bipolar disorder was discussed frequently by most of the interviewees and highlighted as a particularly 'media friendly' and even 'sexy' mental illness. In part this was ascribed to wider cultural influences such as high profile celebrity sufferers. The actor and presenter Stephen Fry has spoken openly of his diagnosis not least in the documentary 'The Secret Life of the Manic Depressive' (BBC). One of our interviewees exclaimed only half joking “I don't know about you but if another celebrity comes out particularly as bipolar I am going to shoot myself – bipolar is like “I don't want to be anything as common as depressed”. But my [own] life has been blighted by it!”

Other interviewees agreed that bipolar disorder is now “trendy”

“ especially now *EastEnders* has done it in such a big way everyone knows what bipolar is and everyone is claiming to be bipolar if they’re not getting on with their parents and if you have to be careful about that”

For one writer Stephen Fry seemed to offer an idealised version of mental illness – at odds with the representation of the condition in television soap opera:

“ Stephen Fry is such a nice guy, a popular character and he says he now wouldn’t feel the same without [bipolar disorder] it makes him who he is. I wonder is that true? He has the money and class to deal with it but Stacey all she’s got is tablets.

(Interview with Writer 8)

This hints at the complexity of mental health issues, both in the range of ways which in reality they exist and how people deal with them and also in the very varied representations which occur in television fiction. We can now move on to discuss the content of these in more detail.

Content Analysis

Sample and Methods

The sample for this study was all television drama output from January 1st 2010 to March 31st 2010 on channels BBC 1, BBC 2, ITV 1, Channel 4 and Five between the hours of 4 – 11pm. A Coding Framework was used to note the title of each programme, its national origin, and the date and channel on which it was recorded³. On this we also noted all references to mental health. There were 463 of these, many of which were very brief and sometimes flippant, for example in *The Simpsons* when a character says ‘You’re such a psycho’ (*The Simpsons*, Channel 4, 23.02.10). Other references were more technical or explained conditions. As an initial exercise, we divided all these references into two broad categories, i.e. those which were pejorative, flippant or unsympathetic, and those which were medical, explanatory or sympathetic⁴. The first of these had 272 references, and the second 191. A full list of these is given in Appendix 2. Some of these references occurred as part of more developed storylines, rather than as simply figures of speech. These more developed commentaries were grouped into three main categories. These were: 1) violence and harm to others and to self, 2) sympathetic portrayals, and 3) alternative accounts, which question the nature or treatment of mental health issues.

Results

A total of 74 programmes contained storylines on mental health issues. In these there were 33 instances of violence to others⁵. For example, a character in *Shameless* on Channel 4 is about to be sectioned and attempts to attack her partner in a fit of rage. Another instance was in *CSI: NY* on Five, featuring an escaped schizophrenic patient nicknamed the ‘Compass Killer’, who killed people in order to avenge his girlfriend’s murder. There were 48 instances of additional types of harm⁶. In the ITV1 programme *Emmerdale* the character Sally Spode drugs Reverend Ashley Thomas and sleeps with him in a bid to take him away from his family. In *EastEnders*, the mother of the character Stacey discovers her daughter is pregnant and worries about the effect her bi-polar condition will have on her, the baby, her family and friends.

Whilst this study only relates to TV drama and not television news, it is interesting to note how these findings compare with an analysis of how often coverage of mental health stories in national and regional newspapers link mental illness to violence. In the study *Mind over Matter V: An Analysis of Print Media Reporting of Mental Illness in 2009* by the Institute of Psychiatry, investigators looked how often newspaper stories associated mental illness with violence. It found that 17% of 300 articles analysed from

³ In total, we recorded 839 programmes and of these 194 made references to mental health issues – 48 in January, 76 in February and 70 in March.

⁴ The most commonly referred to condition was depression, which was mentioned 19 times. Breakdown was mentioned eight times and bi-polar was mentioned seven times.

⁵ 15 in January, 10 in February and 8 in March.

⁶ 24 in January, 13 in February and 11 in March.

2009 suggested people with mental health problems posed a threat. This compares with 44% of storylines in TV drama, suggesting fictional programming paints an even more exaggerated picture of the links between mental illness and violence than newspapers, which are often criticised for their one-sided representation of people with mental health problems.

There were 53 examples of harm to self⁷, as in *Emmerdale* when Sally throws herself in front of Ashley's car and is knocked unconscious, and in Channel 4's *Hollyoaks* when Hannah Ashworth becomes ill with an eating disorder. There were 33 examples of sympathetic portrayals⁸, as in *Law & Order: UK* when the stigma attached to homeless man Roland Kirk's bi-polar condition results in his attacker avoiding prosecution. This is shown as a negative outcome and a miscarriage of justice. In another case on *CSI*, a father tries to get his bi-polar daughter the help he believes she needs by having her sectioned. He increases her medication and accidentally causes her tragic death. There were also seven instances where alternative accounts were offered, questioning more complex issues in the nature of mental health⁹. In *Nurse Jackie* the central character rejects the diagnosis of her daughter Grace's school nurse and a psychiatrist who suggest that Grace be placed on anti-anxiety medicine. In *EastEnders*, Walford's market stall manager is forced to give Stacey her stall back after Stacey's friend Becca pretends to be a lawyer from the council and threatens to take him to court on the grounds of discrimination over mental health.

These quantitative assessments give some indication of the overall trends in coverage. We will now move on to look in more detail at how mental illness is used as a theme in the development of storylines.

⁷ 24 in January, 18 in February and 11 in March.

⁸ 15 in January, 11 in February and 7 in March.

⁹ Three in January and four in February.

Themes, storylines and characters

In this part of the study we examine how mental illness is used as a theme in the development of storylines in television fiction. We will look at the manner in which specific characters are featured, how others relate to them and how conditions and behaviours are described. We have looked in the past at the close relationship which is sometimes made in fiction between mental illness and violence. We will examine this here, but we wish also to focus on the range of alternative portrayals which are present in media and how it is possible to feature more progressive images of mental health. For this study we have grouped storylines into three broad areas. These categories are chosen because of the likely impact on audiences and they correspond to general ways of thinking about mental illness, rather than to precise medical categories. The three areas are: 1) the mentally ill as harmful and dangerous, where violence and danger to the self and others are key parts of the narratives; 2) the mentally ill person as a victim and a tragic figure in need of help; 3) alternative portrayals which question either the treatment of or social understanding of mental illness.

The mentally ill as dangerous outsiders

There have been many fictional variations on this as a theme and it is a staple of the horror and suspense genres, notably in films such as *Psycho* and *Fatal Attraction*. The latter has some resonance with episodes of *Emmerdale*, which we recorded for our sample. In these the character Sally is obsessed with Ashley, the local minister, and she attempts to burn down the church in a bid to kill his wife. She also schemes and launches elaborate plots to force him to be with her, such as being deliberately run over by his car. The iconography is classically from the horror genre. As Ashley is driving there is a sudden moment when she is portrayed standing, black and scarecrow-like, in the middle of the road before him. The issue with Sally is not so much treatment¹⁰ but how to get away from her. Ashley's father gives him this advice as she is lying in hospital:

Sandy (Ashley's father): Right, can we go home?

Ashley: I should talk to her.

Sandy: No you should not. What you should do is to walk away and forget she ever existed.

Ashley: I'll be five minutes, wait here.

Sandy: Ashley!

(*Emmerdale*, ITV1, 20.01.10)

¹⁰ The nearest to this is a comment from Ashley that 'You need serious help,' in response to Sally's words 'I suppose I'm sick.' (*Emmerdale*, ITV1, 18.03.10 and 19.03.10)

Her character is well-summarised on the front page of the *We Love Telly* magazine, part of the Saturday edition of the *Daily Mail*, where she appears as 'Psycho Sally' (*We Love Telly*, 27.03.10 – 02.04.10). Such secondary references in magazines and tabloid newspapers are important as they show how images from television can feed into a wider popular culture. In our earlier studies of mental health and media, we found that when people were asked about what they imagined mental illness to be, they sometimes described characters drawn from television soap operas.¹¹

The theme of the mentally ill person as the outsider who disrupts and endangers the 'normal' world of the insiders is also well illustrated in the following example from *Friends*. This US series is ubiquitous and has been almost permanently running on British television since its inception in the 1990s (now shown on cable/satellite channels). In the following storyline two of the central characters Joey and Chandler, who had shared a flat, are separated as Joey moves out. Chandler's new flatmate is Eddie, an initially pleasant New Yorker but with a dark past in a troubled relationship with his ex-girlfriend. In an early scene, as they chat and laugh over beers, the mood suddenly changes as Eddie tells his story:

Eddie: Alright, I got a funny one. Alright, my last girlfriend Tilly, O.K, we're eating breakfast and I made all these pancakes, there was like fifty pancakes right and all of a sudden she turns to me and she says Eddie? I say yes. She says Eddie, I don't want to see you anymore and it was literally like she had reached into my chest, ripped out my heart and smeared it all over my life, you know. It's like this incredible abyss and I'm falling and I keep falling and I don't think I'm ever going to stop! That, eh, wasn't such a funny story was it?

(*Friends*, E4, 20.10.09)

A subsequent scene opens with Eddie watching Chandler asleep which scares Chandler when he wakes. Eddie is apparently losing his grip on reality – he accuses Chandler of having slept with his ex-girlfriend, he tries to dry fruit in their flat and puts a goldfish in his pocket. When asked to leave, Eddie initially agrees but then has no memory of it and insists instead that they have been on a road trip to Las Vegas, which is a figment of his imagination. This has all the makings of a tragic story, but actually it is played for laughs. When Chandler believes Eddie has left the flat, he greets all his pals in the 'Central Perk' coffee bar with the words:

Chandler: Ding dong, the psycho's gone.

(*Friends*, E4, 20.10.09)

¹¹ Philo, G (1996 ed.) *Media and Mental Distress*, London: Pearson

The situation is resolved finally by Joey moving back. He and Chandler move Eddie's things out and pretend to Eddie that he has never lived there. 'I think we'd remember something like that,' as Chandler comments. By now, Eddie is so confused that he apologises and leaves. Chandler slams the door after him and to laughter from the audience says:

Chandler: Goodbye, you fruit-drying psychopath.

(*Friends*, E4, 20.10.09)

Extracts from these episodes of *Friends* were included in our audience research and we have discussed below the response to them in the focus groups.

Tragedy, sympathy and advice

The above examples offer a pattern in which the mentally ill character is the danger facing the 'normal' group, which closes to respond and ultimately exclude them. The second type of examples we discuss feature the mentally ill as essentially tragic, still harmful to themselves and others, but the presentation is designed to evoke a more sympathetic response. Such portrayals are likely to have been well researched and at times have been commended for raising awareness of issues in mental health. The character Stacey, in the BBC's *EastEnders*, would fit this pattern. She has bi-polar disorder and the relationship with her partner Bradley collapses under the strains of this and other incidents in her life. In a very telling scene, as Bradley is leaving with another woman, Stacey is forcibly sectioned and taken away by doctors and police. Before this denouement, she appeals to him to stay with her. Her own sense of distress, confusion and loss is palpable:

Stacey: See you care, I knew you cared. Cos I've been seeing things Bradley and I know this sounds crazy but I have, I've been seeing things, our daughter, I've been seeing our daughter.

Bradley: What?

Stacey: Our little girl, the one we got rid of, I've been seeing her, what she'd be like now and she's so pretty Bradley, she's sweet and she keeps following me around and she called me Mum the other day I swear.

Bradley: Stacey, there is no little girl, alright, there's no daughter.

Stacey: See, that's what I thought but she's been talking to me Bradley. You have to understand. I need to you understand.

(*EastEnders*, BBC1, 09.10.09)

The scene is structured such that the pathos of her appeal is contrasted with the hard and unyielding attitude of the new woman, Syd, in Bradley's life. She is present in the room as the events unfold and there is little doubt as to on which side of the argument the audience is being positioned:

Stacey: You're the one Bradley. You've always been the one.

Syd: Get out.

Stacey: Would you just let me talk?

Syd: You're scaring Noah (Syd's young son).

Stacey: I'm not scaring you am I?

(The phone rings. Syd answers and is told that the taxi is ready for her, Noah and Bradley.)

Syd: Yeah, we'll be right out. That's the cab.

Stacey: You can't go now.

Syd: Bradley?

Bradley: We have to.

Stacey: You can't Bradley I got things to say to you, that I can't say to anyone else.

Syd: Oh, save them for a postcard.

Stacey: Why do you hate me so much? What have I ever done to you? You and Ryan (another character with whom Stacey has clashed), what have I ever done?

Syd: Get her out Bradley!

(*EastEnders*, BBC1, 09.10.10)

This portrayal of bipolar disorder clearly had some public effect. *The Sun* for example ran a major feature on how a reader had been helped with her own condition by viewing the programme ('I realised I was bi-polar thanks to *EastEnders*' Stacey Branning', *The Sun*, 07.10.09). Such TV fiction can include quite detailed accounts of the nature of the condition. On Channel 4, *Shameless* also featured a character with bi-polar disorder who is forcibly sectioned. This sequence begins after what is apparently a failed suicide bid by the woman, Karen. She is then shown playing music loudly and trying to take wallpaper off from a wall. Two other characters, Paddy and Jamie, force their way into the room and Karen says 'I was thinking orange, what do you think? Blue, yellow, I don't know?' She then turns to face Jamie and screams 'White, white, white! Keep

him away from me!' In the final scene, Paddy is hugging her as she lies on the floor and Jamie re-enters. Behind him there are two paramedics and Karen's mother-in-law, who pin her to the ground as she is sectioned (*Shameless*, Channel 4, 09.02.10). When she returns from psychiatric care, Karen is then faced with a situation in which her mother-in-law is explaining her absence by saying that she has been in prison, such is the assumed stigma of mental illness. The mother-in-law is speaking with customers in the bar when Karen enters:

Mimi (Karen's mother-in-law): She's young I said, they make mistakes, that's what youth's all about. She'll learn. Main thing is she did her time like a good girl. Makes me feel proud. She ain't half like me.

Karen: I wasn't in jail.

Mimi: Best not to talk about this now Karen.

Karen: I was in hospital.

Mimi: Insanity ploy, works a charm.

(*Shameless*, Channel 4, 23.02.10)

Karen then gives a detailed account of the condition and makes it clear that there is nothing that should be hidden:

Karen: I've been diagnosed with being bi-polar. It's an affective disorder in which the individual alternates between states of deep depression and extreme elation and it's nothing to be ashamed of, despite what some people might think.

(*Shameless*, Channel 4, 23.02.10)

Mimi responds that Karen has 'ruined the good name of the family' to which Karen retorts:

Karen: Have you actually looked at the family recently? Because if you really think the McGuires have got a good name maybe it's you that needs to stay in the nut house.

(*Shameless*, Channel 4, 23.02.10)

The focus of such storylines is still largely the dramatic and the tragic. Stacey from *EastEnders* is raped, sectioned, murders her attacker and Bradley falls off a roof to his death. There is little attention to processes of recovery other than that the characters must take their pills. This issue is raised very specifically in the focus groups which we discuss below. In the next section we discuss the small number of representations which raise more fundamental questions about the nature of mental health, including the manner in which illness is treated and the issue of what is 'normal' behaviour.

Alternative accounts of mental health

There are three areas which we have identified here. The first is in portrayals which question the nature of 'madness' and ask whether in whole or part the problem lies in social responses to the deviant individual. In this approach the repressive nature of such responses is seen to intensify or produce the condition through processes of social control and definition. In other words, it is less the individual who is mad than the social relationships in which they are positioned. This is very much in the Langian tradition and is seen very clearly in fictional accounts such as Ken Kesey's *One Flew Over the Cuckoo's Nest*, and in the later film of this with Jack Nicholson.

Another more recent example of such a storyline in British television was the BBC's *Takin' Over the Asylum* in which a group of 'inmates' established their own radio station. In a classic scene, a young boy, Campbell, describes to his father how he is excited by the prospect of becoming a DJ.¹² But the father sees these ambitions simply as a manifestation of the boy's illness:

Dad: Ah well there's a lot of things going to be different from now on. Your mother and me have been talking and we've decided it would be a good idea if you went to you auntie Susan's for a bit.

Campbell: But she lives in Perth!

Dad: Yes, but you can go to adult classes there. You'll get the peace and quiet that you need.

Campbell: I cannae go to Perth, I've got to stay in Glasgow to work on the station. I need the experience!

Dad: You need to get well!

Campbell: But I'm no ill! You cannae make me go to Perth, I'm nineteen years old and I'm staying in Glasgow to work on the station. I'm gonnae be a professional DJ whether you like it or not.

(*Takin Over the Asylum* BBC1, Episode 2, 1994)

¹² This scene can be viewed on YouTube and the boy is played by David Tennant, who later became a well-known Doctor Who. See <http://www.youtube.com/watch?v=WO4SknxmDc4&NR=1>.

In the face of this opposition, the father threatens that he will have the boy sectioned:

Dad: You stand there, shouting at the top of your voice, throwing your arms about like some mad scarecrow, and you're telling me you're not ill? You're not capable of thinking straight. And some straight thinking needs to be done. Now, your mother and me have done our best to look after you. If that's not good enough then there's nothing left but to have you sectioned and let the doctors decide.

Campbell: Och Jesus. You'd have me sectioned?

Dad: I'll come round on Monday to collect you. Your uncle has loaned me his car.

Campbell: Have you never been young, Dad? Was there never anything you wanted to do, you wanted to be more than anything in the world?

Dad: Aye. Goalkeeper for Glasgow Rangers. A lot of fucking good it did me.

(*Takin Over the Asylum* BBC1, Episode 2, 1994)

The implication is that some treatment options may be more about the imposition of control rather than long-term mental health. Such portrayals may also raise a second crucial area, which is how much processes of recovery are affected by medical responses and whether treatment options should go beyond hospitalization and medication. As we have indicated there is very little in our sample on how people may recover, apart from simply taking the pills. The issue is alluded to briefly in an episode of *Nurse Jackie*, a US hospital-based drama shown on BBC2. It centres on the life of Jackie Peyton as she juggles her job as a nurse, her addiction to prescription drugs, her affair with a work colleague and her husband and kids. Jackie's eldest daughter, Grace, is diagnosed by the school nurse and psychiatrist as having an anxiety disorder and it is suggested that Grace run a trial treatment of anti-anxiety medicines. The diagnosis is based on the alleged problem that Grace does not draw very 'optimistically' and circles her desk three times before she sits down 'so that planes don't fall out of the sky.' Jackie rejects the diagnosis as well as the suggested treatment, saying to Connie (the school nurse) 'You think a kid's got a problem and you just make them take a pill.' Jackie then chases Connie down the corridor and tells her, 'I'm sorry I got a little rattled in there. It's hard to listen to a bunch of strangers criticizing my kid.' Jackie then suggests that they are overreacting:

Jackie: In six months she could be a completely different kid in which case this meeting becomes totally irrelevant.

Connie: Your daughter has serious issues.

Jackie: Issues, what issues? She has a personality! You guys! The minute they show even the slightest sign of being a little different you want to write them a prescription.

Two children then arrive to see Connie and she says 'You're a little warm, sweetie,' at which Jackie comments 'Yeah, better get them started on Prozac.'

(*Nurse Jackie*, BBC2, 07.01.10).

The third area which we discuss is the portrayal of mental health problems as being in effect a 'normal' feature of the human condition or at least as just one more problem that humans have to face. An important example of this is found in *Scrubs*, the US hospital series shown on E4. *Scrubs* is a situation comedy which is very innovative in its humour and includes elements of fantasy and magic naturalism. Its characters are funny and attractive, but are unusually downbeat for an American show and much of the comedy comes from exploring their failures. Two of the central characters are young registrars – Elliot (female) and JD (male) – and are at times consumed with self-doubts, seeking endless reassurance. JD's friend Turk stumbles through his attempts at having a good marriage. The senior medic, Dr Cox, is talented but gruff and refuses the role of kindly mentor, falling instead into periods of alcoholism and self-loathing. Into this maelstrom steps Dr Casey, a new senior medic played by Michael J. Fox. He is an extremely well known and popular actor who took the part of the young traveller in *Back to the Future*. In *Scrubs* he appears as the all-time brilliant physician who apparently knows medical textbooks by heart and can effortlessly conduct the most complex surgery. Everyone finds it impossible to work with him because of the light he shines on their own failures. Eventually JD goes to confront him to say he can no longer stand him as a colleague. But JD discovers him distracted and unable to speak as he compulsively washes his hands:

JD: (Voiceover) Found him! Brace yourself mister, you're about to get an earful JD style. (To Dr Casey) Hey buddy!

Dr Casey: Hey, hey, uh give me a minute will you?

JD: No Kevin, I have to talk to you right now.

(Dr Casey then turns round and punches the wall.)

Dr Casey: Damn it!

JD: Later's cool too.

Dr Casey then reveals details of his own life, struggling with obsessive compulsive disorder:

Dr Casey: I'm sorry I just, I guess with the last few days meeting new people and trying to get used to this place and I'm stressed and I'm fried and I just wanna go home but here's the punch line, even though my last surgery was two hours ago I can't stop washing my damn hands.

(Dr Casey starts to wash his hands again and then starts screaming.)

JD: I'm sorry.

Dr Casey: No I'm sorry, I'm sorry, look this is a weak moment, nobody's supposed to see this and mark my words I'll clean up the soap probably a several thousand times. Everyone's got their own burdens JD and I'm not gonna be one of those people that dumps them in on somebody else. Now, what do you need?

JD: Nothing.

(JD then narrates the end of the scene as he looks on at Dr Casey continually washing his hands) None of us needed anything. I think owning your burdens is half the battle.

(*Scrubs*, E4, 02.01.10)

The effect of this in the show is that the illness actually humanises Casey – he becomes a 'normal' vulnerable human being like the rest of them. It doesn't matter that he has to count everything in a patient's room before he starts, he is now just one of the gang. Another variant of this is in the US television series *Monk*, where a detective again has OCD but the condition does not stop him from super-achieving in his job. Such portrayals offer perhaps the most progressive possibilities for television drama in that there is a strong potential for de-stigmatising conditions and increasing public understanding of them. To investigate this further, we included extracts from the above storylines in *Scrubs* and the Stacey episodes from *EastEnders* as part of the materials which we showed to the focus groups. We can now move on to discuss the results of these and questions of audience response.

Audience research: Focus Groups

Seven focus groups lasting one and a half hours each were conducted in different areas in England with members of the general public: Leeds, Bristol, London (x2), Birmingham, Somerset, Milton Keynes. In addition, two focus groups were conducted with people who are users of mental health services, one in Cambridge and one in Middlesbrough. Participant numbers are shown in Table 1 below.

Table 1: Respondent numbers in TV drama and entertainment focus groups

Leeds	13
London	6
London	9
Birmingham	11
Somerset	10
Milton Keynes	13
Middlesbrough	14
Cambridge	12

The focus groups were advertised through a wide variety of channels including Housing Associations, on line social network sites, voluntary sector organisations, flyers posted in public libraries, notice boards and pubs. The discussion guide was informed by emerging findings from initial content analysis through which three short examples of TV drama and entertainment programmes were identified that were shown as a discussion point in the focus groups. Further points for discussion were informed by a focus group with people who use mental health services and act as carers which was organised prior to the main field work. The programme examples that were played during the focus groups included one from 'Friends', in which a character with mental health issues was portrayed in a seemingly negative way, the other, from EastEnders, was chosen because it is a potentially sympathetic example of how a character can be portrayed with mental health issues. The third was from 'Scrubs' and was included as it offered a different way of portraying mental health issues.

All recordings were transcribed and coded according to key themes that arose from the focus group discussions, using specialist qualitative coding software (WeftQDA). The following section presents a thematic discussion of the main themes and issues that emerged.

The focus groups are intended to explore the following main themes:

- Participants' knowledge and recollection of portrayals of characters with mental health issues and mental health more generally in drama and entertainment
- Participants' sense of where they and their peers get their opinions and understanding of mental health and the extent to which this comes from TV drama and entertainment
- How their information sources interrelate e.g. how what they watch on TV drama compares to their experiences in real life.
- The level of sympathy for characters portrayed in TV drama and entertainment with mental health issues and why
- Their critical understanding and perspective on portrayals of mental health on TV drama and entertainment
- What more people would like to see on TV drama and entertainment relating to mental health and in what ways.

Participants were asked for their general attitudes and feelings about people with mental health problems initially, without direct reference to TV drama and entertainment. These varied widely, however, in the main attitudes were broadly sympathetic, although not out rightly positive.

“ The first thing I put down was depression. For me it seems like the one that stands out more, as the problem people might have that's not visible. I'm sure there are quite a lot of sufferers of it, but not many people know much about it.

(female focus group participant)

“ It seems pretty trendy at the moment, almost. They keep popping up in the media, people with bipolar. It seems to be displayed a lot in the media, characters in shows that have got it.

(female focus group participant)

Many respondents gave specific conditions when they were asked for the first thing that came to mind under the term 'mental health or mental ill health'. People were also reminded of challenges and discrimination that people with mental health problems encounter.

“ I just thought it was like a disability, so put 'Down's Syndrome', 'Aspergers'.
(male focus group participant)

“ I think of Aspergers.
(male focus group participant)

“ Depression and Schizophrenia
(female focus group participant)

“ I didn't relate it to a specific person..I thought of 'discrimination', 'false information', 'lack of education' and 'misunderstanding'.
(female focus group participant)

A very clear pattern to emerge from across non-service user focus groups is that many respondents had first hand experiences of mental health problems either personally or with close members of family.

“ My daughter... she has some problems that she has to go to see the doctor about and no one understand it.
(male focus group participant)

“ I thought of depression, because both my parents had it. Then 'older generation' and 'drugs'. Old people have dementia and things.
(female focus group participant)

“ I've got strong views on this, because my mum has got schizophrenia, so she's been in and out of an institute.
(female focus group participant)

““ *My brother in law, he’s what people would call a bit strange you know. He’s got mental health problems.*

(female focus group participant)

““ *I’ve had problems myself.. I’m ok now but I have been through things.*

(female focus group participant)

Participants were further pressed for other ideas that might be held across society, even if they did not share those opinions. There were very clear ideas about what negative ideas that exist in the mainstream and how these are articulated.

““ *A lot of the things I thought of were not my own thoughts, but unfortunately, they are the generalisations like ‘hearing voices in your head’, ‘not very good at socialising’, ‘not fit for society’...’a threat to everybody’..These aren’t my thoughts, but that’s how they are perceived to be.*

(female focus group participant)

““ *Yeah, dangerous, schizo, freak, nutter all those things*

(female focus group participant)

““ *They say things like nutter and psycho. That’s the main one.*

(male focus group participant)

““ *The really un-PC stuff. people say things like ‘Loony’, ‘crazy’, ‘depression’, ‘straightjacket’, ‘happy pills and drugs’.*

(female focus group participant)

These preliminary discussions were a helpful backdrop to explore where the ideas articulated had originated and specifically if participants perceived a link between these and characters and stories from drama and entertainment on TV. On this issue, clear links were drawn to specific programmes and films. Frequently mentioned images felt to be widely present in the public imagination included horror films, such as 'Psycho' or storylines involving a person with mental health problems putting others in danger.

“ There's 'Psycho' and 'Cracker', there's always someone in there murdering someone and they always have some kind of mental health problem. It's like the catch all explanation for why people are criminals.

(female focus group participant)

These kinds of portrayals had caused a great deal of upset in people who had close relatives with mental health problems.

“ They always show someone with schizophrenia as really violent and frightening but [my daughter] isn't like that at all, she's more likely to harm herself to protect others than to hurt others. She's really soft and caring.

(female focus group participant)

A prominent programme, mentioned across focus groups was Eastenders and specifically the 'Stacey' storyline. This character generated mixed responses across focus groups which were broadly split between those feeling it was sympathetic and those who did not, whilst it was generally felt to be an attempt by programme makers to be positive and informative. Respondents had a clear sense of the condition that Stacey was supposed to be suffering from.

“ That character Stacey in Eastenders. She's got bipolar and she was quite a good character I thought.

(female focus group participant)

“ They seemed to do the Stacey character quite well.

(male focus group participant, service user)

Some respondents were more detailed in their praise of the Easterners character:

“ I think it's quite well balanced. They showed her over quite a long time and they showed that her mum had similar problems which is probably why she experienced them. I thought it was quite well done really because it was sympathetic. It really showed what a horrible thing it was she was going through.

(male focus group participant)

““ *It does seem quite realistic and I think they did do a lot of research with the character.*

(male focus group participant)

However, the Stacey character also produced criticism, particularly amongst those who had first hand experience or close relatives with mental health problems. It was felt that the character was ‘over-dramatised’ and sensationalised.

““ *I think it was a bit irresponsible of ‘EastEnders’ to dramatise it so much, especially when it’s something that has got an element of truth in it. Obviously Stacey was terrified she was going to get manic depressive like her mum..it scared people.*

(male focus group participant)

““ *It was so over the top and I can tell you, it’s not like that when you get sectioned. It sometimes is but why did they have to show her all dramatic and with a white dress and all the rest of it.*

(female focus group participant)

Further, critics of the Eastenders character felt that the Stacey storyline was a way of ‘lumping together’ indiscriminately, general social problems which the same character was supposed to have experienced:

““ *I used to watch ‘EastEnders’..and it’s like..aahh, she’s been everything, done everything! She’s been a junky, had an abortion and been through a catalogue of every disorder you can have! It was completely unreal – it’s just another thing she’s got! I struggled to relate.*

(female focus group participant)

A frequently voiced concern with the EastEnders storyline is that it was an example of emotional voyeurism designed to catch people’s attention through a character’s misery. This was felt to be distasteful by some respondents as it exploited the issue of mental ill health.

““ *They just show her all distraught and that. They just do it for entertainment. It’s a bit dubious really – they show mental health because it’s all dramatic and good for ratings.*

(female focus group participant)

This theme came up repeatedly in relation to other programmes. Many respondents felt distaste many respondents across all focus groups, with what was perceived as overly dramatic uses of mental health or over exposure of people's problems for entertainment purposes, for example on 'chat shows'

“ On Jeremy Kyle they had someone suffering from bi-polar, and were showing the negative aspects of it by saying 'Maybe you didn't bring us up like you should have done', because they are trying to cope with mental illness as well as bring up their kids..in some ways, it showed negative aspects of it. He's not the most sympathetic person in the world anyway. He wasn't open to it. They always send them to like their counsellors anyway.

(female focus group participant)

Whilst many respondents said that they watch these programmes, a large proportion of respondents said they had been put off because the drama was too overtly negative or 'miserable'.

“ You know I can't watch Eastenders and my relative who has got a condition, he can't watch it because it's just too miserable. Why do they have to go so over the top. I think this just depresses people more.

(female focus group participant)

“ It's so over the top, there's always something awful happening. I don't want to see that.

(male focus group participant)

Respondents from service user groups also expressed a concern that in portraying people with mental health problems, as in the Stacey story, programmes can upset viewers particularly if they have had similar experiences as the character:

“ I saw that [Stacey's sectioning episode] and actually it made me really upset. I remembered what it was like for me and those feelings I had. It was quite hard to watch actually.

(female focus group participant)

Where respondents drew attention to what they felt were more overtly negative portrayals, there were a great many more suggestions than for those of 'positive' examples. Examples ranged from TV comedy, chat shows and especially film. Particular attention was drawn to comedy and horror.

“ I said sometimes I feel like it's very chaotic. You get sometimes 2 extremes – the guy who's completely insane and is used as the comedy vehicle – the one that the jokes are aimed at. And sometimes another extreme case where, usually, it's someone who's psychopathic. You either get a very jokey..or very stereotyped.

(female focus group participant, service user)

Where comedy was felt to be particularly negative in its treatment of mental health, criticism was directed at the tendency to ridicule people who are potentially vulnerable. For example,

“ Frankie Boyle is now left, but he overstepped the mark with every topic going..Kerry Katona..every episode there was 3 or 4 digs at her..He'd make jokes about her, to do with anything like mental illness and that she used to advertise for Iceland

(male focus group participant)

However, the previous example attracted more support than another often cited programme;

“ On Little Britain. The 'Anne' character is just not funny. It's really just bad taste.

(male focus group participant)

Whereas the Anne character was not accepted as a 'joke', the case was more difficult to call for the Friends and Frankie Boyle examples, focus group participants felt. Respondents were not very clear about why one character was rejected as 'bad taste', whereas others were thought funny.

However, there was a clear sense across the focus groups that laughter can be beneficial to help people discuss mental health although focus group participants were aware that the 'line' which could be crossed was often thin.

“ I'm not saying we should censor or anything it's just you know it can be a bit close to the bone.

(female focus group participant)

Again, in response to the 'Friends' video clip:

“ It is funny but you have to ask yourself why are they making a joke about this. They wouldn't laugh if he was in a wheelchair.

(female focus group participant)

A key theme to emerge from discussion of comedy was the sense of a line that could easily be crossed. Importantly, many respondents expressed that they had found themselves laughing along, only to regret this later:

“ It's funny. You spontaneously laugh but then think, 'I shouldn't be laughing'

(female focus group participant)

“ I do find it funny yes, it's ok to laugh at it but you know I later think, I shouldn't find that funny. It's not right.

(female focus group participant)

Respondents were not arguing for these programmes to be controlled or censored however, they were frank about the impact it could have potentially on their views and opinions.

““ *It is possible that you can be very sympathetic and well informed but then you laugh along with something like Friends.*

(female focus group participant)

Participants in service-user focus groups in particular, were asked about specific aspects of the way mental health is portrayed and their reactions to this.

A clear theme emerged around the way the issue of recovery is addressed in TV drama and entertainment. The central argument here is that characters are usually portrayed at their lowest points, which frequently misses the majority of people's experience.

““ *It's not like that all the time you have a really bad episode and need to be sectioned, what it misses is that there are all those times when you just exist and you have minor ups and downs and you learn to live with the condition.*

(male focus group participant, service user)

““ *Everything to do with mental health is always portrayed in a negative view. It's never about a person with a mental health problem can get better. It's always done in an extreme fashion.*

(female focus group participant, service user)

In response to this, discussants called for more exploration in TV drama of the way that recovery is experienced and a more balanced mix where people with mental health problems are shown living fulfilled lives with 'ups' as well as 'downs'.

““ *Showing people living positive, constructive lives, contributing to society, but struggling with it some times more than others, that's a good example.*

(male focus group participant, service user)

Further criticism was drawn particularly within the service user focus group that TV drama and entertainment frequently mis-portrays the actual experience of mental health conditions that are felt to be under-researched. For example:

““ *There was that character in Emmerdale, a stalker and it was completely mad just not like any real condition. There was nothing like reality about it.*

(female focus group participant, service user)

By contrast, an example cited on two separate occasions was 'Doctors', which was felt to be well researched and a complete account:

“ There's a programme called 'Doctors' where the receptionist was very well supported during her mental illness by people at work. They portrayed her going to hospital and then meeting with someone else, and the difficulty with the 2 of them having very similar symptoms, which made their living together quite difficult. They do sometimes portray things very sensitively.

(female focus group participant, service user)

Another key criticism of current drama programmes, particularly amongst mental health service users, is that they rarely portray characters with mental health problems as having positive experiences. For example, making the association between heightened creativity or openness of thought and heightened intellect. Where respondents could think of examples of positive portrayals, these were greatly appreciated although rarer than negative examples.

“ I found a Beautiful Mind just really interesting it showed you in detail how the characters' mind worked, beyond just simple stuff.

(male focus group participant, service user)

Focus group participants generally found the clip from the programme 'Scrubs' in which the character – a high performing doctor – was shown to have some mental health issues, to be positive. The main source of praise was that it was able to show a complex situation when a character was both highly successful (a doctor) but also vulnerable because he had a mental health problem. Further, respondents felt that the character was not singled out or mocked because of his mental health problem, rather he was more easily accepted *because* he displayed vulnerabilities making him less intimidating to the other characters.

Overall, focus group participants were clear that their opinions or attitudes were not entirely directed by what was seen in TV drama and entertainment – they drew attention to the influence of news media as well as their own direct experiences – however, there was a strong sense amongst from our focus group of the link between public perceptions and portrayals in these contexts. Respondents were well aware of the common language and image that mental health has and to which types of programmes these come from. The most obvious examples, in respondent's minds, were horror films or 'serial killer' dramas. However, a more subtle stigmatising effect was perceived around what may seem as well-wishing portrayals of mental health, in which elements of mental health experiences seem to be well researched. A key argument, not just from service user respondents, but from all focus groups, is that the over-emphasis on dramatic 'lows' and crises in TV drama and entertainment creates the sense that people with mental health problems are only vulnerable and unfortunate. Even for well meaning soap operas with well researched characters, it was felt that mental ill health was cast as a negative experience exclusively. Moreover, these portrayals do not represent the experiences of those living with mental health problems which include many more ups as well as 'downs' and involve periods where symptoms are managed and recovery is possible.

An interesting contradiction appeared in focus group participants' reactions to comedy where mental health is portrayed. On the one hand, agreement emerged that laughter is a good means of breaking down barriers and allowing mental health to be addressed and discussed openly. This view was voiced by those living with mental health problems either directly or with a close family member. However, respondents were aware that the line over which jokes become bad taste is often crossed. Of concern to respondents was that they would often laugh along with comedy portraying someone with a mental health problem only to reflect later that the comedy was in bad taste. It was considered 'bad taste' not because the subject happened to be mental health but rather, that the source of the comedy was in laughing at people's vulnerabilities. It was difficult to say at what point jokes become bad taste however. None of this is an argument for censorship and no respondent argued for further control on what should and shouldn't be portrayed on TV as regards mental health. However, arguments were made for more subtle portrayals where comedy didn't need to be drawn from a person's 'outsider-ness' or vulnerability. Neither, did focus group participants think, that drama in which a character has mental health problems needs to be negative all the time. Respondents across groups were interested in and enjoyed portrayals where people with mental health issues had positive attributes that elevated them rather than placed them as 'victims'. These include heightened artistic or intellectual abilities. Uniqueness rather than vulnerability could be emphasised more, according to many respondents across all groups.

Conclusion and Futures

Some of this study suggests that mental illness is still used as an easy source of violent tragedy or as something to poke fun at. *Mad and Bad* is still alive and well on television, whether it is 'Psycho Sally' in *Emmerdale* or the sight of Chandler in *Friends* announcing 'Ding dong the psycho's gone.' As one participant in the focus groups put it 'there's *Psycho* and *Cracker*, there's always someone in there murdering someone.' Or as Donna Franceschild put it, she 'could weep' when she is asked to write about depressed kids who kill their class mates, when people with mental health problems are more likely to be attacked than to hurt someone else. But there also attempts to offer more contextualised accounts of mental health problems, where conditions are explained and portrayals are essentially sympathetic as we saw for example in *EastEnders* and *Shameless*.

There are two challenges which have emerged in taking such progressive treatments further. The first is the issue of recovery and of how to represent the everyday drama of what in reality can be a long and difficult process. As others in our focus groups pointed out, this is a real drama in itself with triumphs and tragedies. Its fluctuations are more complex than the immediate progression of narratives which is sometimes required for television. Such requirements can mean that characters have to very quickly 'get well again' and for this they can apparently just take the pills. The second issue is how characters who are mentally ill can be made 'interesting' without reinforcing old stereotypes of the link between violence and mental illness. So, can Stacey in *EastEnders* be rescued from having her 'wings clipped' without her having to be a murderer? Some of the programmes we analysed took on this issue in very innovative ways, by showing mental health problems as being in a sense a normal feature of human life. So, *Takin Over the Asylum*, *Scrubs* and *Monk* had characters who were integrated in social and work groups in spite of and in some ways *because* of their mental health problems. The message is that people move in and out of such conditions or find a way of living with them. It is this vision which is most likely to reduce the fear, exclusion and stigma which is associated with mental illness and where progressive media representations in the end are likely to make the biggest impact.

Appendix 1: Programmes on each channel which made general references relating to mental health

4-11 pm 1st Jan-31st March 2010

BBC1	<i>EastEnders</i> <i>Casualty</i> <i>MI High</i> <i>Holby City</i> <i>Silent Witness</i> <i>Roy</i> <i>Material Girl</i> <i>Horrible Histories</i> <i>Survivors</i> <i>Inspector George Gently</i> <i>Five Days</i>
BBC2	<i>Nurse Jackie</i> <i>Heroes</i>
ITV 1	<i>Emmerdale</i> <i>Coronation Street</i> <i>Above Suspicion</i> <i>Law & Order: UK</i>
Channel 4	<i>The Simpsons</i> <i>Hollyoaks</i> <i>Glee</i> <i>The Good Wife</i> <i>Desperate Housewives</i> <i>Shameless</i> <i>Hung</i>
Five	<i>CSI</i> <i>CSI: NY</i> <i>CSI: Miami</i> <i>CSI Trilogy</i> <i>NCIS</i> <i>Law & Order</i> <i>Neighbours</i> <i>Home & Away</i> <i>Numbers</i> <i>The Mentalist</i>

Appendix 2: Lists of references

Medical, explanatory or sympathetic references

Language	Title	Channel	Date
Paranoia Depression Severe chronic depression Ups and downs	<i>Silent Witness</i>	BBC1	22.01.10
He was depressed The homicidal mind and the suicidal mind are not so dissimilar He was on Fluvoxamine Taking that for depression The anti-depressants prescribed by the college health centre don't always work but they're hardly the problem	<i>Silent Witness</i>	BBC1	28.01.10
Depressive	<i>Silent Witness</i>	BBC1	29.01.10
Serious issues Generalised anxiety disorder Anti anxiety medicine	<i>Nurse Jackie</i>	BBC2	07.01.10
Psychotic episode	<i>Nurse Jackie</i>	BBC2	18.01.10
Fell apart	<i>Nurse Jackie</i>	BBC2	08.01.10
Psychopath	<i>Above Suspicion</i>	ITV1	04.01.10
Bulimic Sociopathic tendencies	<i>Above Suspicion</i>	ITV1	05.01.10
Depression Sectioned again	<i>Above Suspicion</i>	ITV1	06.01.10
Breakdown	<i>Emmerdale</i>	ITV1	19.01.10
Disturbed	<i>Emmerdale</i>	ITV1	21.01.10
Huge mood swings His mind starts racing Never-ending pattern His illness is under control He's just ill Chaos in my head Suffered from manic depression His bi-polar depression Emotional refugee Psychopath	<i>Law & Order: UK</i>	ITV1	25.01.10
Harm herself You need serious help	<i>Emmerdale</i>	ITV1	27.01.10
I'm going out of my mind	<i>Emmerdale</i>	ITV1	28.01.10
Sociopath Unstable	<i>Emmerdale</i>	ITV1	28.01.10
Eating disorder Depression	<i>Hollyoaks</i>	ITV1	18.01.10

You have a serious mental illness	<i>The Simpsons</i>	Channel 4	20.01.10
I don't know where my head is anymore	<i>Desperate Housewives</i>	Channel 4	27.01.10
Mental disease Emotionally disturbed Paranoid Personality disorder	<i>Law & Order</i>	Five	02.01.10
Emotionally disturbed Psychiatric evaluation Behavioural and personality changes Munchausen's by proxy syndrome	<i>Law & Order</i>	Five	16.01.10
Massive anxiety attacks Feel claustrophobic Depressed Why do you think I'm in therapy? Anti-psychotics and anti-depressants Haloperidol Diazepam Serchaline	<i>CSI: Miami</i>	Five	26.01.10
On the grounds of her mental health issues	<i>EastEnders</i>	BBC1	04.02.10
Anti-psychotic	<i>Silent Witness</i>	BBC1	04.02.10
I just snapped	<i>EastEnders</i>	BBC1	05.02.10
Nervous breakdown	<i>Roy</i>	BBC1	12.02.10
O.C.D	<i>Casualty</i>	BBC1	13.02.10
Slightly on edge	<i>Emmerdale</i>	ITV1	02.02.10
Falling apart	<i>Emmerdale</i>	ITV1	11.02.10
Admitted to a mental institution	<i>Emmerdale</i>	ITV1	12.02.10
Troubled Confined to a sanatorium Sectioned Committed	<i>Emmerdale</i>	ITV1	15.02.10
Downward spiral	<i>Coronation Street</i>	ITV1	18.02.10
For my own sanity Manic depressive	<i>Coronation Street</i>	ITV1	19.02.10
Agoraphobic	<i>Emmerdale</i>	ITV1	19.02.10
I'm going out my head here	<i>Emmerdale</i>	ITV1	25.02.10
Anorexia	<i>Hollyoaks</i>	Channel 4	08.02.10
Mental breakdown	<i>Shameless</i>	Channel 4	09.02.10
Schizophrenia	<i>Good Wife</i>	Channel 4	15.02.10
Always is with bi-polar	<i>Shameless</i>	Channel 4	16.02.10
Our daughter is heading full speed to behavioural breakdown	<i>Hollyoaks</i>	Channel 4	22.02.10
I was in hospital, a psychiatric hospital	<i>Shameless</i>	Channel 4	23.02.10

I've been diagnosed with being bi-polar
 It's an affective disorder in which the individual
 alternates between states of deep depression and
 extreme elation and it's nothing to be ashamed of,
 despite what some people might think
 It's like a thousand insects scrabbling away
 Jamie! Why won't it stop! Stop! Stop!
 You think I'm doing this because of my condition?
 Bi-polar

Depressed	<i>The Simpsons</i>	Channel 4	28.02.10
I know the depression	<i>CSI</i>	Five	02.02.10
Guy got a needle in the brain when he was a Baby (<i>detective explaining reasons behind fragile mental state of the suspect</i>) Fine line between genius and insanity Apparent dementia Something in him snapped	<i>CSI: NY</i>	Five	02.02.10
Psychopath	<i>Numbers</i>	Five	03.02.10
They put me on anti-depressants Suffering mentally A terrible mental illness Terminal mental illness Depressed	<i>Law & Order</i>	Five	06.02.10
Psychotic and aggressive Anger management problem Psychotic rage	<i>NCIS</i>	Five	10.02.10
She isn't exactly stable Put her in the psychiatric hospital She's got to be of sound mind She's been institutionalised twice	<i>Numbers</i>	Five	10.02.10
Schizophrenics have it very hard Schizophrenic	<i>Law & Order</i>	Five	10.02.10
Insanity Depressed	<i>NCIS</i>	Five	13.02.10
Psychotic	<i>NCIS</i>	Five	16.02.10
Temporary insanity Narcissistic personality disorder	<i>NCIS</i>	Five	17.02.10
Psychopathic venting An A.D.D kid	<i>Law & Order</i>	Five	17.02.10
Panic attack Agoraphobia	<i>Home and Away</i>	Five	19.02.10
A psychotic condition A trainer or a therapist We found Haloperidol at your house, it's an anti-psychotic He had a psychotic break pending a psychiatric evaluation He had a paranoid personality disorder Paranoid	<i>Law & Order</i>	Five	19.02.10
I was in therapy	<i>NCIS</i>	Five	20.02.10

I'm on anti-depressants Depressed			
Declared to be mentally ill Delusional schizophrenic We believe the schizophrenia was brought on by post traumatic stress disorder	<i>CSI: NY</i>	Five	27.02.10
She was prescribed lithium She shifts into manic in a blink Makes her more unstable That's the last thing a depressed person would take He is not stable The only way to get an adult committed for psychological help is if they hurt themselves or someone else She was refusing to take her medication Bi-polar Rapid cycler	<i>CSI</i>	Five	27.02.10
He might have what we call a developed mental problem Anti-depressants	<i>Five Days</i>	BBC1	03.03.10
Listen, you're not crazy	<i>Holby City</i>	BBC1	08.03.10
If you need help, the city has services for the mentally ill He thought he was losing his mind Asking me about Dad's depression	<i>Heroes</i>	BBC2	20.03.10
Nervous breakdown	<i>Emmerdale</i>	ITV1	03.03.10
Not guilty by reason of mental defect Insanity defence She's not saying he's insane, she's running non- insane automatism, an involuntary act committed while not conscious of actions taken He's not insane or schizophrenic	<i>Law & Order: UK</i>	ITV1	09.03.10
Panic attack	<i>Emmerdale</i>	ITV1	12.03.10
I suppose I'm sick	<i>Emmerdale</i>	ITV1	18.03.10
You need help	<i>Emmerdale</i>	ITV1	19.03.10
Going out of her mind with worry	<i>Emmerdale</i>	ITV1	23.03.10
Paranoid	<i>Hollyoaks</i>	Channel 4	03.03.10
Electro shock The technical term is electro convulsive therapy	<i>The Simpsons</i>	Channel 4	10.03.10
Me and my doctor have decided that I'm going to come off them today Here's to you coming off your medication Anti-depressants	<i>Hollyoaks</i>	Channel 4	11.03.10
It's good for depression	<i>Hung</i>	Channel 4	18.03.10
I'm having this constant struggle with my personality	<i>Shameless</i>	Channel 4	23.03.10
The public are so keen to sling mud that history of psychiatric illness is evidence enough to	<i>Hollyoaks</i>	Channel 4	25.03.10

hang him Paranoid			
Panic His mental state declines Breakdown	<i>Hollyoaks</i>	Channel 4	31.03.10
Only a family member can commit someone to an institution I do feel given her condition it's important to come here if you can	<i>Desperate Housewives</i>	Channel 4	31.03.10
None the wiser about your breakdown Panic attack	<i>Home & Away</i>	Five	04.03.10
So angry Sometimes explode Became irrational He has good mental health Meltdown	<i>The Mentalist</i>	Five	05.03.10
Had a panic attack He's obviously mentally disturbed You're surrounded by marines who think you are crazy He's having a breakdown His mind's playing tricks on him	<i>NCIS</i>	Five	06.03.10
He was a patient here He's trying to commit suicide Post traumatic stress disorder	<i>CSI: NY</i>	Five	06.03.10
Dislocated from everyone else Depression	<i>Law & Order</i>	Five	10.03.10
Panic attack	<i>Home & Away</i>	Five	12.03.10
Mentally unstable	<i>The Mentalist</i>	Five	12.03.10
Bi-polar disorder Kerry was bi-polar	<i>CSI</i>	Five	16.03.10
Insanity	<i>Numbers</i>	Five	17.03.10
She had a large quantity of sedatives in her system She's been taking medication for anxiety	<i>Neighbours</i>	Five	26.03.10
Post traumatic stress disorder	<i>NCIS</i>	Five	26.03.10

Pejorative, flippant or unsympathetic references

Language	Title	Channel	Date
Crackpot	<i>Casualty</i>	BBC1	02.01.10
Insane	<i>MI High</i>	BBC1	04.01.10
Freak	<i>Survivors</i>	BBC1	12.01.10
She forgot to take her pills (<i>making fun of girl</i>)	<i>MI High</i>	BBC1	18.01.10
Bonkers Proper mental Freak out	<i>EastEnders</i>	BBC1	18.01.10
Over the edge	<i>EastEnders</i>	BBC1	19.01.10
Bit of a left turn Off the map	<i>Silent Witness</i>	BBC1	22.01.10
Crazy	<i>Casualty</i>	BBC1	23.01.10
A bit crazy Nutter	<i>Roy</i>	BBC1	28.01.10
I think you're sick A sad little psycho Are you nuts So it's a simple case of faulty wiring, a few dud units	<i>Silent Witness</i>	BBC1	29.01.10
Freak Meltdown Nut jobs	<i>Nurse Jackie</i>	BBC2	08.01.10
Freaking out	<i>Nurse Jackie</i>	BBC2	09.01.10
Get back on your meds (<i>Jackie screaming at homeless man</i>)	<i>Nurse Jackie</i>	BBC2	18.01.10
Freaked out	<i>Nurse Jackie</i>	BBC2	25.01.10
Mark this guy insane Unrestrained lunatics You think I'm going crazy You're a crazy kind of paranoid	<i>Heroes</i>	BBC2	30.01.10
Lunatic	<i>Above Suspicion</i>	ITV1	04.01.10
Maniac	<i>Above Suspicion</i>	ITV1	05.01.10
What she needs is therapy Flying close to the edge Get her back in the clinic So crazed	<i>Above Suspicion</i>	ITV1	06.01.10
Losing it	<i>Emmerdale</i>	ITV1	18.01.10
Out of her mind Knife-wielding maniac	<i>Law & Order: UK</i>	ITV1	18.01.10
Weirdo	<i>Emmerdale</i>	ITV1	19.01.10

The woman is dangerous	<i>Emmerdale</i>	ITV1	20.01.10
Absolutely insane	<i>Emmerdale</i>	ITV1	21.01.10
Fantasists	<i>Emmerdale</i>	ITV1	22.01.10
Freaks me out Resident madman Psycho Crazy tramp	<i>Law & Order: UK</i>	ITV1	25.01.10
You are completely insane Deranged	<i>Emmerdale</i>	ITV1	27.01.10
She's a nut job Lost his marbles	<i>Emmerdale</i>	ITV1	28.01.10
She's a psycho Totally flipped	<i>Emmerdale</i>	ITV1	28.01.10
She's dark, twisted, they both are	<i>Hollyoaks</i>	Channel 4	14.01.10
Mad people	<i>The Simpsons</i>	Channel 4	18.01.10
Not in her right mind	<i>Hollyoaks</i>	Channel 4	19.01.10
Insane	<i>The Simpsons</i>	Channel 4	20.01.10
Use your mental illness	<i>Glee</i>	Channel 4	24.01.10
It could be by a mental patient, a hillbilly, a chimpanzee, in high school I was voted most likely to be	<i>The Simpsons</i>	Channel 4	26.01.10
Stabbed by a psycho	<i>Hollyoaks</i>	Channel 4	27.01.10
Fruitcake Wound way too tight	<i>Law & Order</i>	Five	02.01.10
Crazy	<i>CSI</i>	Five	05.01.10
Psycho	<i>CSI</i>	Five	11.01.10
Psycho	<i>CSI</i>	Five	12.01.10
Crazy	<i>Home and Away</i>	Five	14.01.10
Psycho killer Obsessed Crazy Loony bin Locked in a rubber room Went postal Insane asylum Sick Freak Nuthouse	<i>Law & Order</i>	Five	16.01.10
Flipped out Feeble-minded	<i>Law & Order</i>	Five	20.01.10
I'm a freak So now you're going to be my therapist? Doesn't mean you're a psycho	<i>CSI: Miami</i>	Five	26.01.10

She may end up being a homicidal maniac Insane	<i>NCIS</i>	Five	30.01.10
That's insane	<i>Survivors</i>	BBC1	02.02.10
A bit mad One of the maddest Famously crazy	<i>Horrible Histories</i>	BBC1	04.02.10
You called her a nutter	<i>Eastenders</i>	BBC1	04.02.10
So she was looney tunes	<i>Silent Witness</i>	BBC1	04.02.10
Freaking out	<i>Roy</i>	BBC1	05.02.10
Flying off the handle When someone was a nutter you could call them a nutter	<i>EastEnders</i>	BBC1	05.02.10
She's a nutter	<i>Casualty</i>	BBC1	06.02.10
Care in the community	<i>EastEnders</i>	BBC1	08.02.10
Sheer madness	<i>Inspector George Gently</i>	BBC1	10.02.10
Meltdown	<i>Material Girl</i>	BBC1	11.02.10
Losing the head	<i>Roy</i>	BBC1	12.02.10
Psychos	<i>Material Girl</i>	BBC1	17.02.10
Freak out Totally flipped	<i>Emmerdale</i>	ITV1	02.02.10
Stark raving mad	<i>Coronation Street</i>	ITV1	08.02.10
Driven me mad	<i>Law & Order: UK</i>	ITV1	08.02.10
Walking time bomb	<i>Emmerdale</i>	ITV1	10.02.10
Send her away Bonkers	<i>Emmerdale</i>	ITV1	11.02.10
Head case Bonkers Crazy	<i>Coronation Street</i>	ITV1	11.02.10
Had a right fit	<i>Emmerdale</i>	ITV1	12.02.10
Are you cracked?	<i>Coronation Street</i>	ITV1	12.02.10
Basket cases Funny farm Serial killer Sally Stuck some electro things in my head Gone off their rocker	<i>Emmerdale</i>	ITV1	15.02.10
Basket case	<i>Coronation Street</i>	ITV1	15.02.10
Mad woman	<i>Emmerdale</i>	ITV1	18.02.10
Escaping the madhouse	<i>Coronation Street</i>	ITV1	18.02.10
Unbalanced	<i>Emmerdale</i>	ITV1	19.02.10
Bonkers	<i>Coronation Street</i>	ITV1	19.02.10

My sister is a basket case because of you	<i>Emmerdale</i>	ITV1	22.02.10
Nutters	<i>Coronation Street</i>	ITV1	22.02.10
As insane as that He must've been completely wacko I knew he was a bit unstable Well that would make me wacko	<i>Coronation Street</i>	ITV1	25.02.10
I'm not the one that needs therapy	<i>Emmerdale</i>	ITV1	26.02.10
Your brain's going crazy I'm wearing my cure for depression	<i>The Simpsons</i>	Channel 4	03.02.10
Mad bitch	<i>Desperate Housewives</i>	Channel 4	03.02.10
Escaped mental patient You're crazy Lisa is a nut	<i>The Simpsons</i>	Channel 4	04.02.10
Crazy lady	<i>The Simpsons</i>	Channel 4	09.02.10
Screaming banshee	<i>Shameless</i>	Channel 4	09.02.10
Para	<i>Hollyoaks</i>	Channel 4	11.02.10
Mentally ill ginger pygmy	<i>Glee</i>	Channel 4	14.02.10
Smiling depressive Are you mental?	<i>Shameless</i>	Channel 4	16.02.10
I look like a crazy person She is deranged Psychosexual derangement <i>(used as insult)</i> Your delusions of persecution are a tell tale sign of early stage paranoid schizophrenia <i>(used as insult)</i> They all have A.D.D <i>(used as insult)</i>	<i>Glee</i>	Channel 4	21.02.10
That girl's nuts You're such a psycho	<i>The Simpsons</i>	Channel 4	23.02.10
Crazy fucking Karen Maybe it's you that needs to stay in the nuthouse Insanity ploy	<i>Shameless</i>	Channel 4	23.02.10
Yeah, he's crazy all right	<i>The Simpsons</i>	Channel 4	24.02.10
You loon I told you she was going to snap Freaked out	<i>Desperate Housewives</i>	Channel 4	24.02.10
Weirdos Fruitcake	<i>The Simpsons</i>	Channel 4	26.02.10
Nutball Any pictures of him in a straightjacket Lose his mind Fruitcake Madman	<i>CSI: NY</i>	Five	02.02.10
Smug psychopath	<i>NCIS</i>	Five	03.02.10
Psycho	<i>NCIS</i>	Five	06.02.10
Driving me nuts	<i>CSI</i>	Five	06.02.10

You people are nuts	<i>Law & Order</i>	Five	06.02.10
Crazy people	<i>Home and Away</i>	Five	09.02.10
Lose it completely They 50-51'd her	<i>Numbers</i>	Five	10.02.10
The only people he talks to are in his head Saturn boy's got a few loose rings in his head	<i>Law & Order</i>	Five	10.02.10
Girlfriend's nuts	<i>Home and Away</i>	Five	15.02.10
Went a little nuts He went crazy	<i>CSI: Trilogy</i>	Five	16.02.10
Lost her marbles	<i>Home and Away</i>	Five	17.02.10
Psycho Crazy	<i>NCIS</i>	Five	17.02.10
Talking crazy	<i>Numbers</i>	Five	17.02.10
Losing it completely Crazy Completely insane	<i>Home and Away</i>	Five	19.02.10
I hear psychotic, I think murderer I think she was mad even in her sleep He was out of his mind	<i>Law & Order</i>	Five	19.02.10
Buy this guy a straightjacket I was little crazy before All the crazies are out Psychopathic stalker You really are insane Crazy freak Defective lunatic	<i>NCIS</i>	Five	20.02.10
Long way from the cuckoo's nest Psycho	<i>CSI: NY</i>	Five	27.02.10
The wack job Bi-polar girl meets bi-polar guy It's almost like bi-polar boy is too high to even realise what went down Crazy people make even insane people act crazy	<i>CSI</i>	Five	27.02.10
My psycho dad Maybe your lunatic sister's been hallucinating He thinks I'm a total psycho freak now	<i>EastEnders</i>	BBC1	01.03.10
I still go doo-lally	<i>Five Days</i>	BBC1	03.03.10
He's crazy enough to blow up the school	<i>MI High</i>	BBC1	08.03.10
Totally mental You need help Completely off your heads Completely insane	<i>EastEnders</i>	BBC1	08.03.10
He's crazy, the guy with the gun Some crazy woman crying	<i>Holby City</i>	BBC1	08.03.10
Proper mental Where did you get her from, care in the	<i>EastEnders</i>	BBC1	15.03.10

community?			
Madman He's insane	<i>MI High</i>	BBC1	22.03.10
The woman looked at me like I was mad	<i>EastEnders</i>	BBC1	26.03.10
He's not crazy	<i>Heroes</i>	BBC2	20.03.10
Not some crazed maniac	<i>Emmerdale</i>	ITV1	04.03.10
Mixed up with a nutter Mad to give me another chance	<i>Coronation Street</i>	ITV1	05.03.10
Go and get some therapy	<i>Emmerdale</i>	ITV1	09.03.10
He was driving me mental Go on, write it down, mental He made me mad	<i>Law & Order: UK</i>	ITV1	09.03.10
Do I need the men in white coats? Courtesy of your friendly neighbourhood psychotic headcase	<i>Emmerdale</i>	ITV1	10.03.10
He's happy now he doesn't have that mad father to bother him	<i>Coronation Street</i>	ITV1	11.03.10
Mad family	<i>Law & Order: UK</i>	ITV1	16.03.10
You want to take a trip to the psychiatrist	<i>Coronation Street</i>	ITV1	29.03.10
He's losing his mind	<i>Law & Order: UK</i>	ITV1	30.03.10
Because she's mad You must be barking	<i>Emmerdale</i>	ITV1	31.03.10
Muddled up with her medication	<i>The Simpsons</i>	Channel 4	02.03.10
Wacko	<i>The Simpsons</i>	Channel 4	03.03.10
Suicidal blonde with mental health issues	<i>Hollyoaks</i>	Channel 4	03.03.10
She's some sort of female madman	<i>The Simpsons</i>	Channel 4	04.03.10
Gone along with my sanity	<i>The Simpsons</i>	Channel 4	05.03.10
Don't want him hanging around with someone mentally unstable	<i>Shameless</i>	Channel 4	09.03.10.
Mental	<i>Hollyoaks</i>	Channel 4	10.03.10
A woman can be a psycho killer too Wigged out	<i>Desperate Housewives</i>	Channel 4	10.03.10
Coming off meds party We'll have a going back on meds party in a couple of weeks as well	<i>Hollyoaks</i>	Channel 4	11.03.10
Are you delusional?	<i>Hung</i>	Channel 4	11.03.10
She looks crazy You little psycho Psycho My anti-depressants won't work and then I'll	<i>Glee</i>	Channel 4	14.03.10

go crazy Nuts The school crazy			
Psycho	<i>Hollyoaks</i>	Channel 4	15.03.10
Commander cuckoo	<i>The Simpsons</i>	Channel 4	16.03.10
They look absolutely crazy	<i>Glee</i>	Channel 4	21.03.10
She's got some crackpot ideas in her head	<i>Hollyoaks</i>	Channel 4	22.03.10
Losing my mind	<i>The Good Wife</i>	Channel 4	22.03.10
Psychotic killer	<i>The Simpsons</i>	Channel 4	23.03.10
Madman on the loose	<i>Desperate Housewives</i>	Channel 4	24.03.10
Psycho	<i>Hollyoaks</i>	Channel 4	25.03.10
That girl's nuts You're such a psycho	<i>The Simpsons</i>	Channel 4	26.03.10
I can't tell if she's crazy or just delirious Tell me how I get the crazy part committed You're crazy All I do is deal with disturbed people	<i>Desperate Housewives</i>	Channel 4	31.03.10
Acting like a total nut bam	<i>Neighbours</i>	Five	01.03.10
Flip out	<i>Home & Away</i>	Five	01.03.10
Are you medicated? For a cop you made a convincing lunatic	<i>The Mentalist</i>	Five	05.03.10
Loony Psycho	<i>CSI</i>	Five	09.03.10
A wack job holding a gun to their head	<i>Numbers</i>	Five	10.03.10
Depressed loner	<i>Law & Order</i>	Five	10.03.10
What a psycho wheel	<i>The Mentalist</i>	Five	12.03.10
Nut job	<i>Law & Order</i>	Five	13.03.10
Crazy	<i>Home & Away</i>	Five	15.03.10
Psych face	<i>NCIS</i>	Five	17.03.10
Crazy	<i>CSI: NY</i>	Five	20.03.10
Sorry I've been really crazy recently	<i>Home & Away</i>	Five	22.03.10
She's crazy Mummy said she had lots of boyfriends and she met a man, mad, he started hitting her, punishing her	<i>Law & Order</i>	Five	26.03.10