

# “What is depression?” Ways of coping with English Easy Read language in mental-health-related texts

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## ABSTRACT

The article explores two British mental-health related websites, it compares them with similar Italian websites and pinpoints the main usability features of both. Then, it performs a thorough textual and linguistic analysis of two Easy Read (ER) leaflets on depression, a serious mental condition that is known to affect mainly women, issued respectively by a UK charity (Easy Health) and a local national body (the Cheshire and Wirral Partnership NHS Foundation Trust). Results show that although ER can be interpreted and implemented differently – yet equally effectively, there are some textual, linguistic and organizational parameters that should always be implemented to ensure the (high) usability of texts meant for people with intellectual disabilities, but also for nonexperts or even patients with mental health disorder whose processing abilities might be compromised.

## KEYWORDS

Easy English, Text simplification, Healthcare language, Readability, Corpus analysis

## 1. INTRODUCTION

According to recent terminology established under the EASIT (Easy Access for Social Inclusion Training) project<sup>1</sup> (but see also IFLA 2010; Inclusion Europe 2014; Perego 2020 for a review on its development), texts that use either or both Easy Read (ER) and Plain Language (PL) features to cater for comprehensibility and communicative inclusion can go under the umbrella label Easy to Understand (E2U) texts (Perego 2020). Experts know that there is a sometimes substantial difference between ER and PL in terms of target audiences, fields of application, text usability and acceptability, with the former variety normally representing extreme simplification (Maas 2020) combined with easification devices (Bhatia 1983)<sup>2</sup>, that makes it suitable for users with limited cognitive and intellectual abilities.

Several recommendations on the best way to produce ER and E2U texts do exist, especially in English and for the Anglophone world, where the effort to try to change the way texts are written is constant and the awareness that people with learning disabilities “face extra challenges in getting the information they need” (MENCAP 2010: 2) is deep and growing. Overall, in fact, the Anglophone world is used to simplification, and has always been aware of the importance of accessible communication, in particular of writing in a clear style (e.g., Quiller-Couch 1916; see Bennett 2009, 2019; Balmford n.d.; Cutts 2013; APA 2010). Pleas for Plain English trace back at least to the time of Chaucer (Cutts 2013: xxvii). Plain English has since been developing in diverse sectors – starting from the legal one (cf. the Plain English Campaign and the notion of crystal-clear communication; Perego 2020: 23-25).

Browsing on the internet, specifically on British websites, it is easy to find local and national health related information and resources in E2U format, thus complying with different levels of simplification and all aiming at some level of usability. These are normally provided by National bodies such as the National Health Service (NHS) i.e. the Government-funded medical and health care services in the UK (the Scottish branch, for instance, recently issued Easy Read versions of their COVID-19 advice and isolation guidance<sup>3</sup>), but even by

<sup>1</sup> The EASIT project is a European project coordinated by Anna Matamala (UAB), which aims at exploring for the role of text simplification through Easy to Understand language in audiovisual texts as a means to enhance their usability for people with cognitive and intellectual disabilities (<https://pagines.uab.cat/easit/en>; Matamala and Orero 2019).

<sup>2</sup> According to Bhatia (1983: 46), easification implies the presence of an instructional apparatus around the text that guides users through it, and that enhances its comprehensibility and usability. In ER texts, this is represented by most language-independent features. Cf. Maia 2018 on the semantic and pragmatic role of typographic emphasis in discourse.

<sup>3</sup> <https://www.nhsinform.scot/translations/formats/easy-read/coronavirus-covid-19>

charities, such as Easy Health<sup>4</sup>, which set up a website for people with learning disabilities where you can find health information with E2U words, pictures and films. The most common health conditions are normally tackled and explained clearly in such health-related websites, where specific sections on mental health are normally included.

Mental health, an area of health that has been systematically stigmatised for decades (e.g. Corrigan 2004), has been a primary concern in the UK, where 1 in 4 people experience a mental health problem of some kind each year (McManus et al. 2009), and 1 in 6 people report experiencing a common mental health problem (like anxiety and depression) in any given week (McManus et al. 2016)

The NHS features a specific branch, the NHS Mental Health Service<sup>5</sup>, devoted entirely to mental health services, where users are instructed on how to access them; how to choose the best for their needs; how to assess their mood through a quiz which is designed to recommend resources to help them better understand how they feel; how to book an appointment. Here they can also retrieve important documents, including the Mental Health Act, issued in 1983 (and now available in an ER version), which is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder in the UK.

Charities (or “charitable organizations”, whose primary aims are public benefit and social well-being) are equally active in this realm. Since 1949, for instance, the Mental Health Foundation<sup>6</sup> has been the UK’s leading charity for everyone’s mental health, working on prevention and aiming to find and address the sources of mental health problems so that people and communities can thrive. Many more organizations are currently very dynamic and operational, and they strive to reach as many people as possible, exploiting accessible, usable and inclusive communication.

The care for mental health is also reflected in the style and language used to communicate with possible sufferers. Browsing most mental-health-related websites, we note how E2U linguistic and textual patterns seem to be used consistently, and it is quite difficult to find websites where usable content is delivered through inaccessible layout, or where information is provided failing to keep in mind the reading needs of users, be them nonexperts, people with learning disabilities, or even with mental health problems – these, by the way, cause affected people to function poorly, can impair their attention and memory, as well as their information processing and decision-making skills, lower their cognitive flexibility and executive functioning (WHO 2020).

In this paper, we will examine qualitatively two British websites dealing with mental health, and we will focus on the ER leaflets they published to make

<sup>4</sup> <https://www.easyhealth.org.uk/>

<sup>5</sup> <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/>

<sup>6</sup> <https://www.mentalhealth.org.uk/>

depression easy to understand. Depression, also known as depressive disorder or clinical depression, is a common and serious medical condition that, according to the WHO (2020) affects 64 million people (mainly women) of all ages. It is a leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.

For the analysis, we selected the following organizations:

- Easy Health<sup>7</sup>, a UK charity providing accessible information to anyone with low literacy levels, including people with learning disabilities;
- the Cheshire and Wirral Partnership NHS Foundation Trust<sup>8</sup> (NHS CWP), a local body that formed in 2002 and achieved Foundation Trust status in June 2007, providing health and care services for local people, including mental health, learning disability, community physical health and all-age disability care.

The selection is linked to the explicit scope of both organizations providing E2U information to people with learning disabilities. Both explicitly address (or mention) users with learning difficulties although the texts they provide are also meant for nonexperts, or mental health sufferers, who need as clear information as possible to better tackle and overcome problems effectively.

The leaflets on depression that we will examine are:

- The Easy Health depression leaflet, which is one of the several leaflets produced specifically to be easier to understand. Easy Health in fact offers “over 500 health leaflets that include pictures and very simple text”, as claimed on the website homepage;
- The NHS CWP easy read guide, one of the wide range of leaflets developed for people with mental health problems and learning disabilities *and* concerned with the most common mental health and with learning disabilities. The leaflet in ER format is available in other languages and formats (e.g. Braille, audio or big writing) upon request.

The comparison and the examination of these ER leaflets meant for people with learning disabilities will enable us to spot similarities and differences in the way ER strategies are adopted to deal with the same subject meant for the same addressees. It will also enable us to learn how many forms ER can take. In fact, as stated by specialists in the E2U sector, Plain English is not an absolute (Cutts 2013; García Muñoz 2012, 2014), and also Easy Language, the most comprehensible variety of a natural language, comprises several variations that are often not even recognizable (Maaß 2020).

<sup>7</sup> See note 4.

<sup>8</sup> <http://www.cwp.nhs.uk/>

The results of this qualitative analysis will contribute to shedding light on the implementation of well-known ER strategies, to possibly identifying new ones, and to reflecting on the way the most effective strategies could be used in other languages where ER is not so developed and widespread as it is in the Anglophone world.

Before starting the analysis, we will also comment on the websites under analysis and compare them to similar Italian websites to pinpoint the differences in comprehensibility.

## 2. A LOOK AT TWO UK MENTAL HEALTH WEBSITES

Before moving to the core of our analysis, focused on two ER depression leaflets, we will briefly comment on the websites of the organizations where the leaflets come from: Easy Health and the Cheshire and Wirral Partnership NHS Foundation Trust (henceforth NHS CWP). Quickly browsing through both websites, the usability of the layout soon comes out, as well as the skillful and E2U use of language. Both successfully exploit line spacing, margins, large letters, bulleted points to organize information, and both avoid text and information cramming – in fact, based e.g. on Web Style guides, “If you cram every page with dense text, readers see a wall of gray and will instinctively reject the lack of visual contrast” (Lynch and Horton 2009, ch. 8).

The Easy Health website (Figure 1) mainly exploits colour and an attractive, attention-inducing design, and – as explained in the website – it combines



Figure 1 – Excerpt of homepage of the mental health UK charity Easy Health

diverse meaning-making formats, including audio and video, to convey information. Offering alternative versions as accessible options to the users is a highly inclusive strategy based on the fact that text-based information may not be the best solution for everyone (ILSMH 1998: 7). A look at Figure 1 shows that the words used are simple and often repeated (health, for instance, appears nine times in the figure). We can observe the scant number of sentences, their syntactic simplicity, and the prevalence of simple noun phrases, whose modification is not heavy, typically comprising only one pre-modifier (e.g. *health leaflets*, *health professionals*), or a simple prepositional phrase as a post-modifier (*Services for health professionals*).

The NHS CWP website (Figure 2) is more sober and less colorful: it bets on two nuances, light-blue and grey, and on photographs. Headings are simple nouns (e.g. *Reports*) or simple noun phrases, which are supposed not to put readers off. Links (e.g. the one-word *Assessment*) are coupled with a picture and a short caption.

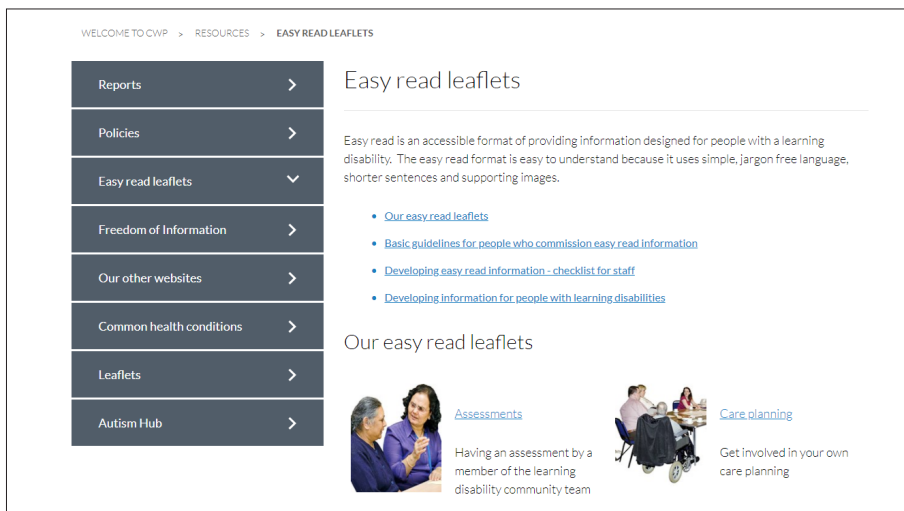


Figure 2 – Webpage excerpt of the Cheshire and Wirral Partnership NHS Foundation Trust

Far from wanting to advance generalized criticism, it must be noted that the same features do not characterize Italian websites on the same or similar arguments. The mental health section of the Italian Ministry of Health's website, for instance, visually focuses on Covid-19, provides excessive and not always coherent information, features long headings, and requires users to scroll down a lot to find what they are supposed to need: information on

what mental health is, and what to do to get some help. When they get there, information is provided in very small letters and in very long sentences (the definition of mental health is offered in one 66-word sentence!), poorly spaced (Figure 3). To find brochures, users have to scroll further down. No ER versions of the material are available.

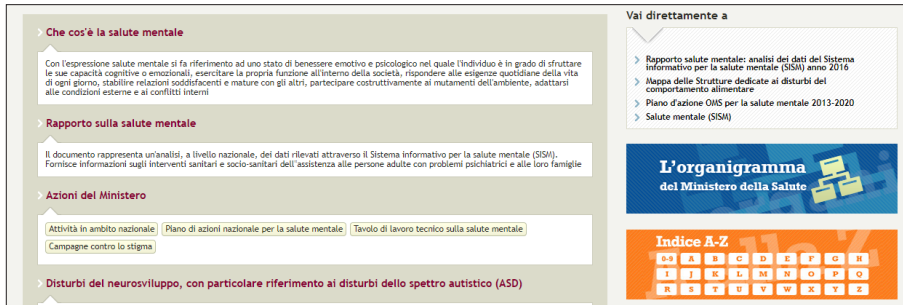


Figure 3 – Webpage excerpt of the mental health section of the Italian Health Ministry

A readability test on the “What is mental health?” text performed with the online software *corrige.it* shows that it is difficult. The 66-word sentence the paragraph is made of is labelled as incomprehensible in spite of the presence of only 5 words not belonging to the core vocabulary of Italian. The average Gulpease index<sup>9</sup> (=36) indicates that the text is difficult even for readers with a high proficiency of Italian.

A similar non-E2U approach is found when browsing local mental health services. In spite of their renown good practice, the local service in Trieste features a website that at first sight does not look particularly usable (Figure 4).

A closer look confirms this impression. The quantity of information on the page is overwhelming and not always pertinent – cf., for instance, the numerous links pointing to topics that are not closely related or relevant to mental health, such as links to research and training (*ricerca e formazione*) or to the web architects (*redazione*). The latter is even located at the top and the left side of the page, a crucial and highly attention-catching area of the webpage according to established F-shaped scanning patterns for reading web content (e.g. Nielsen 2006).

<sup>9</sup> The Gulpease index is a measure that calculates the readability of Italian texts based on the length of words (measured in number of letters), the number of words and the length of sentences.

Fonts are small and there is virtually no line spacing. Wording is complex. The 348-word paragraph on Figure 4 is made of 8 sentences, with an average length of 43.23 (SD = 19.96).

The screenshot shows the website for the Trieste Mental Health Department (DSM Trieste). The header includes the logo and navigation links such as 'PREMESSE | TRIESTE: STORIA DI UN CAMBIAMENTO | FRANCO BASAGLIA | LETTERATURA | ARCHIVI GENERALI Foto e Filmati'. Below the header is a menu with icons for 'come funziona il DSM', 'ricerca e formazione', 'guida ai servizi', 'associazioni e cooperative', 'inserimento lavorativo', and 'link utili'. The main content area is titled 'Guida ai servizi' and contains a section 'Le Unità Operative' with a list of services: 'I Centri di Salute Mentale', 'Attività, interventi, prestazioni', 'CSM di Barcola/Aurisina', 'CSM della Maddalena', 'CSM di Domio', 'CSM di Via Gambini', 'Clinica Psichiatrica Universitaria', 'Servizio Psichiatrico di Diagnosi e Cura', 'Servizio Abilitazione e Residenze', '(1) Strutture Residenziali', and '(2) Coordinamento Risorse Informali'. Below this is a section 'I Centri di Salute Mentale' with a paragraph of text describing the department's activities and a link 'torna all'inizio'.

Figure 4 – Webpage excerpt of the Trieste Mental Health Department

A readability test performed with the online software *corrige.it* shows that the text is very difficult, with only one out of eight sentences labelled as simple for readers with a high-level education, one labelled as incomprehensible<sup>10</sup>, and the rest labelled as difficult for readers with a high-level education. 28 words out of 348 do not belong to the core vocabulary of Italian. The average Gulpease index (= 42) indicates that the text is not at all accessible for readers with an elementary knowledge of Italian, but it is easy for independent readers with a proficient level.

<sup>10</sup> “Nel corso degli ultimi anni i servizi di salute mentale si trovano a fare fronte ad una domanda definibile come disagio diffuso inteso come condizione di malessere legata ai più differenti eventi traumatici e/o stressanti caratterizzati da difficoltà relazionali, violenze e conflitti familiari, abusi e molestie, lutti, separazioni, gravi malattie, ma anche come già detto in altre parti difficoltà economiche, abitative, lavorative, di integrazione.”



The broad website comparison drawn could certainly be further developed to also include more instances. The message delivered by the results, however, is that much could be done to simplify Italian health related webpages drawing from the established Anglophone good practice. In the following paragraph, we will move to analyze the leaflets produced by the two organization under analysis, whose expected level of usability is supposed to be high, thus guiding users through the easiest and least labor-intensive route while looking for the information needed.

### 3. “WHAT IS DEPRESSION?” A COMPARATIVE TEXT ANALYSIS

Is it possible to define and describe a complex mental condition as depression in an E2U or even in an ER fashion? The leaflets on this topic that we examined – and found very easily browsing through both websites – show that the same topic can in fact be made understandable in slightly different ways, as demonstrated by the fact that the two leaflets share a number of features that contribute to making them usable, even though they differ in some respect.

We will focus on the main features of these leaflets starting from a general overview on the text organization and on language independent issues to move to finer syntactic and lexical consideration. We will conclude with some reflections on the overall E2U nature and usability of the leaflets under analysis.

Most shared similarities pertain to non-language and non-content dependent features (Table 1, based on Perego 2020: 49, Table 3) and relate to the narrative structure of the texts and the way they are organized. We will start our analysis focusing on the organization of the content of these two leaflets, that differ considerably in length, with the Easy Health leaflet covering depression in 17 pages and the NHS CWP in only four.

Both leaflets do not provide summaries or glossaries (as most E2U recommendations suggest) and show a similar linear organization of the content (Figure 5). They proceed in logical-chronological order by giving a definition of this medical condition, enumerating its symptoms and possible indicators, listing possible causes, and eventually suggesting a number of simple coping strategies and treatment options.

Although the same narrative structure is followed, only the NHS CWP leaflet manages to emphasise it visually resorting to text organization cues which direct the reader’s attention to the text structure and offer an outline of its contents (Maia 2018) such as headings, paragraphs and bullet points (Table 1) – in other words, an effective easification apparatus (Bhatia 1986). Four light-blue larger print headings graphically separate narrative blocks into paragraphs (Figure 5) – and make the text “clear and easy to understand” because they “tell you what the text underneath is about”, as explained in the Inclusion Europe guidelines (2014: 17). These headings are formulated as questions:

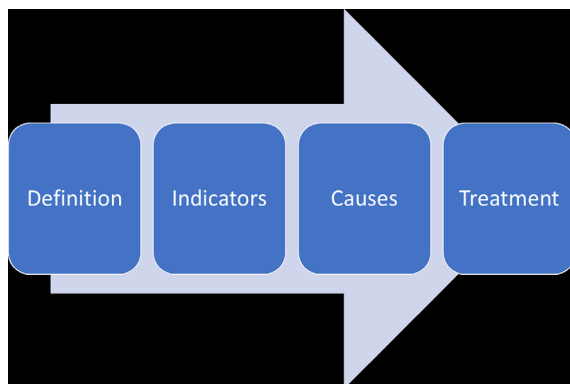


Figure 5 – Text organization in the leaflets

- What is depression?
- What can happen in depression?
- What causes depression?
- How is depression treated?

In spite of their focusing, reassuring and facilitating potential, questions are not explicitly mentioned as facilitating strategies in E2U recommendations – such as for instance IFLA 2010 or Inclusion Europe 2014. However, interrogative clauses are known to be less intimidating and confrontational than declarative clauses, and this is one reason why they are so common in conversation, i.e. an interactive and normally informal text type (Biber *et al.* 1999: 1047). Furthermore, questioning techniques help the reader (e.g. children in the classroom) to clarify and comprehend what they are reading, as well as to activate previous knowledge and make predictions. These are activities that ensure an engagement of the reader with the text, and an increased likelihood of understanding (Cotton 1989; Marzano, Pickering, and Pollock 2001). Because “struggling readers” tend not to ask questions of themselves of the text as they read, we believe that using questioning techniques in ER materials could work as an effective facilitating strategy. This belief is supported by research in the didactic sector showing that instruction involving questioning is more effective than instruction without questioning, especially if questions direct the attention of students on important (unusual or interesting) elements, and are structured and conducive to elicit correct responses (Marzano, Pickering, and Pollock 2001). In the NHS CWP leaflet, the four questions used as headings seem to really involve readers and prepare them to what is about to follow, motivate

their further reading and stimulate their retention. Note also that the open-ended *Wh*-questions' most natural answer supplies the missing information by itself or in the context of a whole clause (Biber et al. 1999: 205). This is exemplified in the Figure 6, taken from the NHS CWP leaflet.

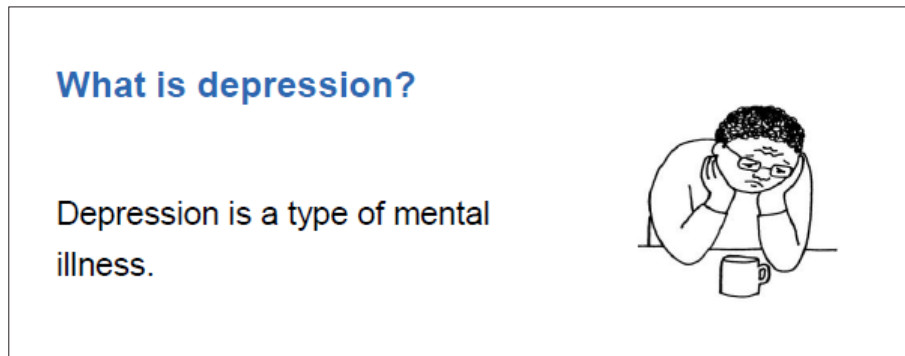


Figure 6 – Excerpt from the NHS CWP leaflet showing the text organization and the easification strategies used

A further difference between the leaflets relates to the fact that only the NHS CWP leaflet resorts to page numbering, thus showing once again its attention in guiding the reader successfully through the text – although a very short one.

As shown in Table 1, there is a number of language independent features that the two texts share.

Table 1 – Non-language and non-content dependent features in the NHS CWP and in the Easy Health leaflets

DESIGN AND LAYOUT OF THE PAGE	EASY HEALTH	NHS CPW
Line spacing	Yes	Yes
Large margins	Yes	Yes
Headings	No	Yes (4)
Bullet points	No	Yes
No indentation	Yes	Yes
No columns	Yes	Yes
No text justification	Yes	Yes
Page numbers	No	Yes
Large letters	Yes	Yes
Bold character	Yes	No

Use colour in text	Yes	Yes
Use colour in pictures	Yes	No
Use pictures next to words	Yes (59)	Yes (14)

Both try to easify content by using images combined with words, even though the NHS CWP document opts for black and with drawings whereas the Easy Health document uses a blend of colour photographs and pictures, thus resulting visually richer – or possibly overwhelming (Figure 7).

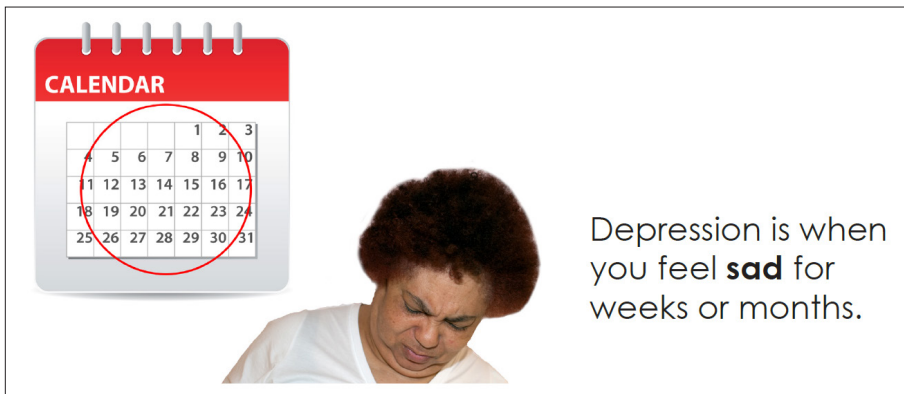


Figure 7 – Colour picture and photograph combined with text in the Easy Health leaflet

Whether one strategy is better than the other is difficult to claim. User preferences might cause someone to prefer one or the other way of presenting information. In the NHS CWP leaflet, the simplicity of the drawings might help the message to be focused and not to confuse the reader – according to some guidelines, drawings are in fact normally preferred to photographs which contain too many distracting details (ILSMH 1998: 15). However, besides enhancing the understanding of those who can read, their presence can be paramount to transmit a message to those who cannot read (ILSMH 1998: 15). In this respect, details might help to convey more information.

Moving to syntax, we observed that it complies with E2U principles in both documents where we find short sentences (the median sentence length ranges between six and eight words, with a low standard deviation; Table 4), simple unmarked structures (typically SVO or SVC, with just the necessary adjuncts) and word order, no passive sentences, and primary punctuation. Long, complex clauses or phrases are absent, and so are all forms of elaboration and

specification of meaning and grammatical elaboration features that are typical of spoken registers (Biber et al. 1999: 1044).

We observed that part of the NHS CPW text uses bulleted points to organize information and when discussing the possible indicators of depression. Under the heading “What can happen in depression?”, The leaflet includes a list of conditions such as:

- Feeling low
- Less interested in activities
- Losing weight
- Difficulty in sleeping
- Etc.

Although bullet points are considered facilitating devices, because as purely visual markers of textual organization they contribute to structure the document through layout and help readers distinguish, understand and memorize content (Lorch et al. 1995, Maia 2018), we wonder whether resorting to infinitive and elliptical clauses might in fact cause distress in some readers and force them to reconstruct the clause and to infer its hidden meanings and constituents (e.g. the sentence’s controlling verb, etc.), with the unwanted consequence of lowering the usability of the text.

In terms of type of clausal patterns, short clauses used as circumstance adverbials including the use of a subordinator are used: “You are more likely to have | depression *if a member from your | family has depression*” (NHS CPW, our italics).

A more frequent clause pattern in the leaflets, however, comprises two adjuncts, a clause-initial and a clause-final, normally non-obligatory, resulting in Figure 8.

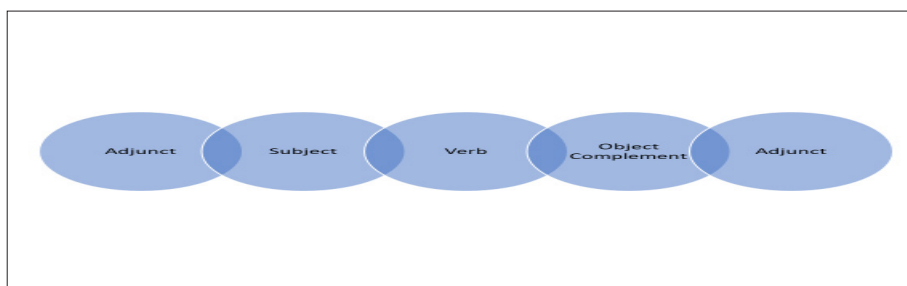


Figure 8 – Frequent clausal pattern observed in the leaflets

In these cases, an initial-position circumstance adverbial of time with a strong pragmatic function and a primary semantic purpose of restriction (Biber et al. 1999: 795, 798) is used – sometimes – emphasizing the occasional nature of some symptoms, and functioning as a hedge with a reassuring purpose: *sometimes* downplays generalizations that in the mental health context might frighten the reader and reassure them by accentuating probability over certainty: “Sometimes people can become depressed after losing someone they love” (NHS CPW), or “Sometimes people can feel sad or down for a few days” (Easy Health). Using this restrictive adverbial lessens the impact of the utterance, and signals a level of caution in making a possibly disquieting assertion (Kranich 2011). At the same time, this strategy contributes to maintaining the sentence short and easy to understand: in spite of its length, the 3-syllable adverb *sometimes* is a frequently used item (19796 in the BNC).

A similar pragmatic function is covered by modal auxiliaries, particularly by those expressing possibility (*can, may*), which are quite frequent in the texts: “Depression can make you feel...” (Easy Health) or “Doing exercises can help you feel better” (NHS CWP). It is difficult or even misleading to list symptoms that develop consistently and to give neat instructions that are universally valid. Using epistemic modality (i.e. resorting to modal verbs) enables the text producer to express that what is being said should be accepted as possible but not certain, which is paramount when talking of a serious mental health state whose symptoms display inconsistently, whose indicators may vary, whose recovery changes in terms of time and ways, whose ways of coping vary.

The previous considerations move the focus of the analysis on vocabulary. The way vocabulary is used is crucial in determining the level of readability and usability of a text (e.g. Cutts 2013, He 2014; Klare 1968; Maaß 2020; Nation and Waring 1997). Guidelines suggest for instance to resort to everyday simple words that readers are likely to understand (see also Cutts 2013: 11-51), and they suggest to explain as often as necessary, or give examples, of the ones that are difficult, specialized, technical or new, such as words that professionals use to communicate with each other, called jargon or argot. In the leaflets, most of these principles are respected. Core vocabulary and highly frequent items (*people, bad, doctor, to help*, etc.; see Halliday 1989: 64), monoreferential (*depression*) and E2U expressions (*to feel low, to feel tired, to feel sick*, etc.) are used consistently. Explicative periphrasis is used to avoid jargon – in this case, medical jargon: *difficulty in sleeping* substitutes *insomnia*; *somnambulism* or *noctambulism* are referred to via a clearer explanation: *waking up too early in the morning*; *to feel sweaty* has been selected as the common counterpart of the specialized term *diaphoresis*, referring to the medical condition of excessive, abnormal sweating.

When jargon or difficult words are used (in fact, very rarely), a definition is provided. However, in the Easy Health document, the glossing strategies used are not consistent. In the example below, a common informal verb (*to poo*) is followed by the emboldened specialized term (*constipation*), whereas in the

next line jargon (*diarrhea*) is combined with the informal formulation for the pathological condition emboldened and in brackets (*runny poo*). The repetition of the word *poo*, as a verb and as a noun, confers cohesion to the text.

You may also find:  
 It is **hard** to poo (**constipation**)...  
 ...or you have diarrhea (**runny poo**).

In the NHS leaflet, the specialized hyponym *antidepressants* is defined using a hyperonym opening the sentence (*medications*) and proceeding with a general-to-specific definition: “Medications known as antidepressants can help”.

To further examine and characterize the texts, we focused on frequency lists. A quick look at the ten most frequent words used in the leaflets (Table 2 and 3) shows that, not surprisingly, *depression* is quite noticeable.

Table 2 – Word list by frequency, Easy Health leaflet

RANK	WORD	NUMBER OF OCCURRENCES	PERCENTAGE OF TOTAL WORDS
1	you	40	9.46%
2	to	20	4.73%
3	depression	15	3.55%
4	can	12	2.84%
5	or	10	2.36%
6	is	9	2.13%
7	feel	9	2.13%
8	a	8	1.89%
9	your	8	1.89%
10	may	8	1.89%

Table 3 – Word list by frequency, NHS CWP leaflet

RANK	WORD	NUMBER OF OCCURRENCES	PERCENTAGE OF TOTAL WORDS
1	depression	9	5.36%
2	feeling	6	3.57%
3	you	6	3.57%
4	can	5	2.98%
5	in	5	2.98%
6	to	5	2.98%
7	is	4	2.38%
8	or	4	2.38%
9	your	4	2.38%
10	what	3	1.79%

Depression is the central topic of the leaflets and, following good practice, it is repeated rather than referred to with pro-forms (Inclusion Europe 2014: 11). Lexical repetition, a type of cohesive device in the cohesion system of Systemic Functional Linguistics (Halliday and Hasan 1976), in fact plays an important part in establishing textual relevancy, with significant implication in boosting reading strategies and helping readers find connected or relevant sentences in a text more easily (He 2014). The repetition of the word “depression” can also be observed in the NHS CWP leaflet where it reappears in each heading, contributing to keeping the referent under focus. Repetition in general, and the repetition of the word *depression*, also contributes to decreasing the stigmatization of the word itself. Repeating the word can decrease its emotional charge and negative association, by way of a process of “semantic satiation” (Das 2014) and desensitization of the reader: repetition can cause a word or phrase to temporarily lose meaning for the listener, who then perceives them as repeated meaningless sounds.

Another lexical item that occurs frequently is – expectedly – the pronoun *you*. As the Inclusion Europe (2014: 11) guidelines point out, E2U text producers should use words like “you” to speak to people directly, and to make communication more inclusive (see also Maas 2020; Perego 2020): “You are more likely to have depression if a member from your family has depression” (NHS CWP)

The high number of occurrences of verbs such as *to feel* and *to be* shows that the quality of the most common clause patterns in the leaflets is Subject-Verb Phrase-Subject Predicative, where the Verb Phrase is normally a copular verb followed by a subject predicative expressing the semantic role of attribute, i.e., a property is ascribed to the referent of the subject (Biber et al. 1999: 145): “Life can feel very hard” (Easy Health). Both leaflets favour this pattern, and in both texts, we observe the frequency of use of the perception verb *to feel*, used as a current copular verb, often co-occurring with the auxiliary verb *can*. Perceptual verbs describe actions related to senses, emotions and attitudes, and these are notions that are closely related to mental health: “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act” (<https://www.mentalhealth.gov/>). *To feel* is a sensory copular verb whose most common function is to report an assessment of physical or mental state of being (Biber et al. 1999). Besides being adequate to introduce the states of mind associated to depression (e.g., *worried*, *bad about yourself*; *dizzy*; *sweaty*, etc.) it is a high-frequency item (25069 in the BNC), meaning that it is easy to understand.

On a concluding note, we can observe the figures in Table 4, which offer a quantitative overview of the two leaflets and enable us to advance some tentative conclusions on their (usability) nature. Although both texts seem both usable, a closer look shows slight differences in terms of lexical richness (or variety) and informativity, as well as a different level of readability as per the Gunning fog index, a readability test for English writing which measures readability based on



sentence and word length. The longer leaflet has also slightly longer sentences and a larger number of longer words, but it varies less in terms of lexical repertoire than the shorter leaflet (cf. TTR), and has lower linguistic informativity (the amount of images – 59 – however confers information through a non-linguistic channel). As a consequence, it is more readable according to the Fog index.

Table 4 – Quantitative data calculated for both leaflets (Wordsmith Tools)

	EASY HEALTH	NHS CWP
Number of pages	17	4
Word count (Tokens)	423	168
Types	183	103
TTR	43.36%	61.31%
Lexical density	50.12%	57.14%
Word with 3 or more syllables	41	30
Average word length	4.33 (SD=2.22)	5.25 (SD=2.85)
Median word length	4	4
Sentence count	48	26
Average sentence length	8.81 (SD=5.35)	6.46 (SD=3.92)
Median sentence length	8	6
Passive sentences	0	1
Gunning fog index	7.13	11.94

#### 4. CONCLUDING REMARKS

English favours a plain style in most realms, and it has always followed this trend. The need and the right for growingly simplified texts that can make communication inclusive (cf. for instance the World Report on Disability) is quite clear and often implemented in the anglophone world.

In this paper, we examined two British health related websites and the two Easy Read leaflets on depression they issued. The qualitative website analysis showed the care provided in making information E2U, and the comparison with Italian websites of similar nature emphasized a substantial difference in the way information is dealt with and delivered. Results suggest to capitalize on the achievements of those countries where E2U and ER are established and validated in order to draw from their knowledge and implement strategies that could change the way (medical) information is received, understood, processed, with the known collateral benefit of impacting positively on the country's well-functioning and well-being, but also economy.

The closer textual and linguistic analysis of the ER leaflets issued by the British organizations was based on a blend of parameters coming from different areas of study such as Easy Reading, Web Usability, Linguistics, Corpus Linguistics. To perform our analysis we relied on a blend of linguistic and non-linguistic parameters coming from these areas. In a nutshell, results showed that, overall, a usable text should rely on a layout that easifies (Bhatia 1986) the reading process, i.e. enables readers to easily move around the text and not be overwhelmed by information; it should select only a minor number of relevant specialized words – and define them briefly – to make readers aware of the correct terminology associated to their medical condition; it should always visually guide readers through the text and never underestimate the considerable importance of typographical emphasis in terms of its semantics and pragmatics; it should ensure short and readable sentences.

In the latter respect, we know well that in the ER sector the validation process is paramount. Validation is a key stage preceding the release of an ER text, when a trained ER user reads the ER content and determines whether it fully complies with the established principles and can be released. Although the human check remains crucial, our analysis points to possible pre-validation processes including the use of automatized readability software. Aware of some of their limitations, we believe they could play a role in determining the readability of a text before having it read by a user. The Gunning Fog index for English texts and the Gulpease index for Italian are just suggestions that can be considered.

The analysis showed that there are different ways of interpreting ER recommendations, that there is not a best or unique strategy to follow, and that some solutions applied in the leaflets seem particularly effective (e.g. the questioning technique vs. the use of declarative clauses, especially in the form of text headings). Reception studies could reveal if there is a preference for some strategies over the others. However, we believe that generalizable results could be utterly difficult to obtain as they often are when working with heterogeneous groups of people with fine and sometimes undetectable individual difference, or with multiple disabilities.

Results also represent important food for thought and can contribute substantially for future discussion in the EASIT project. Although the project focus is very specific (i.e., the production of training materials to form E2U subtitlers, audio describers and journalists), findings emerging from the analysis of other genres can be reworked and incorporated successfully in other text types.

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## REFERENCES

- APA (American Psychological Association) (2010) *Publication Manual*, 6th edition, Washington: APA.
- Balmford C. "Plain Language: Beyond a Movement. Repositioning Clear Communication in the Minds of Decision-Makers", *An official Website of the United States Government*, www.plainlanguage.gov, accessed 10-01-2020.
- Bennett K. (2009) "English Academic Style Manuals: A Survey", *Journal of English for Academic Purposes*, 8:1, pp. 43-54.
- Bennett K. (2019) "Plain English: The "Rhetoric of Anti-Rhetoric" and its Consequences for Anglophone Culture", *English Studies*, 100:6, pp. 688-709.
- Bhatia V. K. (1983) "Simplification v. Easification - The Case of Legal Texts", *Applied Linguistics*, 4:1, pp. 42-54.
- Biber et al. (1999) *Longman Grammar of Spoken and Written English*, Harlow, Pearson Longman.
- Corrigan P. (2004) "How Stigma Interferes with Mental Health Care", *The American Psychologist*, 59:7, pp. 614-625.
- Cotton K. (1989) "Classroom questioning", *School Improvement Research Series*, Northwest Regional Educational Laboratory.
- Cutts M. (2013) *The Oxford Guide to Plain English*, 4th edition, Oxford, Oxford University Press.
- Das J. P. (2014) *Verbal Conditioning and Behaviour*, Oxford, Pergamon Press.
- Halliday M. A. K. (1989) *Spoken and Written Language*, Oxford, Oxford University Press.
- Halliday M. A. K. & Hasan R. (1976) *Cohesion in English*, London, Longman Group.
- He Q. (2014) "Implications of Lexical Repetition Patterns for Language Teaching", *International Journal of Linguistics*, 6(4): 46-58.
- IFLA (International Federation of Library Associations and Institutions) (2010) "Guidelines for Easy-to-Read Materials", *IFLA Headquarters*.
- ILSMH European Association (International League of Societies for Persons with Mental Handicap) (1998) *Make it Simple: European Guidelines for the Production of Easy-to-read Information for People with Learning Disability for Authors, Editors, Information Providers, Translators and Other Interested Persons*, Cascais, CERCICA.
- Inclusion Europe (2014) "Information for all European Standards for Making Information Easy to Read and Understand", accessed 12-09-2020.
- Klare R.G. (1968) "The Role of Word Frequency in Readability", *National Council of Teachers of English, Elementary English*, 45:1, pp. 12-22.
- Kranich S. (2011) "To Hedge or not to Hedge: the Use of Epistemic Modal Expressions in Popular Science in English Texts, English-German Translations, and German Original Texts", *Text & Talk*, 31, pp. 77-99.

- Lorch R. F., Lorch E. P. & Klusewitz M. A. (1995) "Effects of Typographical Cues on Reading and Recall of Text", *Contemporary Educational Psychology*, 20:1, pp. 51-64.
- Lynch P. J. & Horton S. (2009) *Web Style Guide*, 3rd Edition, London, Yale University Press.
- Maaß C. (2020) *Easy Language – Plain Language and Beyond: Balancing Comprehensibility and Acceptability*, Berlin, Frank & Timme.
- Maia J. (2018) *Towards A Typographical Linguistics: The Semantics-Pragmatics Of Typographic Emphasis In Discourse*, Columbia, University of South Columbia.
- Marzano R., Pickering D. & Pollock J. (2001) *Classroom instruction that works: Research-based Strategies for Increasing Student Achievement*, Alexandria, VA: Association for Supervision and Curriculum Development.
- Matamala A. & Pilar O. (2019) "EASIT: Media Access Services Made Easier to Understand", *Actas del I Congreso Internacional de Innovación Docente e Investigación en Educación Superior: Un reto para las Áreas de Conocimiento*, 445, accessed 13-03-2020.
- McManus S, Bebbington P, Jenkins R. & Brugha T. (2016) *Mental Health and Wellbeing in England: the Adult Psychiatric Morbidity Survey 2014*, Leeds, NHS Digital.
- McManus S., Meltzer H., Brugha T. S., Bebbington P. E., & Jenkins R. (2009) (eds.) *Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey*, Leeds, Health and Social Care Information Centre.
- Nation I.S.P. & Waring R. (1997) "Vocabulary size, text coverage, and word lists", in *Vocabulary: Description, Acquisition and Pedagogy*. Ed. by N. Schmitt and M. McCarthy, Cambridge, Cambridge University Press, pp. 6-19.
- Nielsen J. (2006) "F-Shaped Pattern For Reading Web Content", *The Nielsen Norman Group*, <https://www.nngroup.com/articles>
- Quiller-Couch A. (1916) "On the Art of Writing", *Cambridge: Lectures Delivered in the University of Cambridge*, Glasgow, Good Press.
- World Health Organization (2020) "Depression", <https://www.who.int/news-room/fact-sheets/detail/depression>, accessed 12-09-2020