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## CHAPTER 10

# c0010 Mass Media Outreach for Child [AU1] Psychiatrists

[AU2]

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p0010 In July 1899, an editorial in the *Journal of the American Medical Association* bemoaned the difficulty of “instilling correct ideas of insanity into the public mind”:

p0015 “There is such an opportunity for sensationalism that newspaper reporters in particular are rarely able to keep their imagination in restraint and the average literature they produce on the subject is about as thoroughly untrustworthy as it can well be. The physician who unguardedly allows himself to be interviewed on any remarkable incident or phase of the subject [of insanity] is liable to have to repent it...”<sup>1</sup>

p0020 As this century-old quote shows, physicians have long been aware of the potential of mass media for public education, but also (often rightly) critical of inaccuracies and sensationalism in media reports.

p0025 This debate was renewed, although with a politically laden twist, in the United States in 2017 with calls for a lifting of the “Goldwater Rule”—an ethics guideline dating back to the 1960s prohibiting psychiatrists and other mental health professionals from commenting publicly on the mental states of public figures. The presidential campaign of 2016 led to heated discussions about whether such a prohibition was a “gag order,” contradicted a “duty to warn,” or served a greater good. In 2017, the American Psychoanalytic Association sent an e-mail<sup>2</sup> to its members allowing them to make public statements on the mental health of President Donald Trump without violating that organization’s ethical guidelines.

p0030 Child and adolescent psychiatrists may see little reason to get involved with media reporters or producers, and plenty of reasons to avoid them. There is the fear of being viewed as a self-promoting popularizer, rather than a serious clinician or researcher. There is concern about being misquoted or having statements taken out of context, to the detriment of their reputation and of the public’s education. Moreover, uncertainty about the expectations, methods, and motivations of media

professionals create uncomfortable feelings of confusion and lack of control.<sup>3</sup>

In this paper, we will suggest several reasons why psychiatrists should get involved with the media. We will demystify some of the workings of the news media, so that when a reporter calls, you can be better prepared and increase the odds of a positive outcome. We will describe ways to proactively reach out to media professionals in order to educate the public or support improved mental health policies. Finally, we will look at more sophisticated uses of media, including media campaigns.

### WHY GET INVOLVED WITH THE MEDIA?

#### The Need to Raise Public Awareness About Mental Illness and Effective Treatment

Surveys in the United States and other countries have found that many people have little understanding of what mental illness looks like, what symptoms characterize different illnesses, and what is meant by labels such as “schizophrenia.”<sup>4</sup> Stigmatizing myths about causality persist; for example, many members of the public believe that schizophrenia and depression are caused by “the way a person was raised” or due to “one’s own bad character.”<sup>5</sup> Misconceptions about medication are rampant, including concerns that they “turn kids into zombies” and merely put off dealing with real problems.<sup>6</sup>

#### The Need to Reduce Stigma and Other Barriers to Care

While certainly the cost of and access to services affect whether a child will receive treatment, research suggests that beliefs about mental health problems and treatment may be even greater obstacles to care.<sup>7</sup> These include parent knowledge about symptoms of mental illness, and parent beliefs about the

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seriousness of the symptoms, the need for treatment, and the likely effectiveness of mental health services. Also, parent expectations about their child's treatment predict the level of parent involvement in therapy and whether treatment is terminated prematurely.<sup>8</sup> Given that half of US adolescents with *severely impairing* mental disorders have never received mental health treatment,<sup>9</sup> removing barriers to care is a critical priority.

**s0025 The Need to Counteract Media Misinformation that Contributes to Stigma**

p0050 Unfortunately, a significant amount of today's health-related media content is confusing, misleading, or downright wrong. Poor reporting can, for example, lead viewers to misconstrue research results, dangerously halt medical treatment, or turn to unproven "cures."<sup>10</sup> Selective reporting can also reinforce myths, such as the belief that mentally ill persons are dangerous.<sup>11</sup> In fact, perceptions of the dangerousness and unpredictability of mentally ill people, particularly those with schizophrenia, may have increased in recent decades, despite gains in knowledge.<sup>12,13</sup> Reviews of press coverage in the United States, United Kingdom, Canada, and New Zealand have found that mental illness is frequently linked with violence.<sup>14</sup> In one US study of major newspapers' reporting of mental illness, crimes, and/or violence perpetrated by a mentally ill person was the focus of 26% of such stories and was by far the most common theme.<sup>15</sup> Perceptions such as these make people wary of contact with the mentally ill and may increase support for coercive or counterproductive policies.<sup>16</sup>

p0055 Entertainment media can also perpetrate harmful stereotypes. A review of Disney animated films<sup>17</sup> found a surprisingly high number of stigmatizing comments, including "crazy" thoughts, ideas, behaviors, or clothing, with the implication that these traits were irrational and inferior. Studies of television programs aimed at young children<sup>18,19</sup> also found frequent negative stereotypes, especially in cartoon programs; "twisted" or "nuts" characters were typically portrayed as threatening or disrespected. The authors were concerned that these shows may promote stigmatization and verbal harassment in real life.

p0060 Mental illness is a common theme in movies, including horror films. These not only present the mentally ill as scary and dangerous but can also affect the image of psychiatrists and the expectations that children and their parents have about the nature and outcome of therapy.<sup>20</sup>

**The Need to Counterbalance Information From Special Interests s0030**

Much of the health information presented to the public is put forward by special interests, such as pharmaceutical companies. Some advertising has the potential to benefit, as when therapies widely viewed as effective for undertreated conditions are advertised.<sup>21</sup> But when celebrities are paid to make the rounds of talk shows to promote medications,<sup>22</sup> news stories are based on corporate press releases or conference abstracts,<sup>23</sup> and the benefits of new medications are exaggerated and risks overlooked,<sup>24</sup> disinterested physicians must come forward to balance the picture.

Similarly, according to the Pew Research Center <http://www.pewinternet.org/2013/11/26/part-two-sources-of-health-information/>, 80% of adults who search for health information online begin with a search engine such as Google. The listings on these search engines can be altered by corporations and other groups with financial interests through search engine optimization techniques or simply purchasing advertisements that look like noncommercial listings and are placed on the first page of the results of such searches.

**THE POTENTIAL OF MASS MEDIA TO TEACH, AND COUNTERACT STIGMA s0035**

If we wish to educate the public, it's far easier to reach them through their usual channels of information—and this includes reaching out through the mass media. According to the 2014 National Science Board survey, television is still America's most popular source of current news, although the Internet surpasses it as a source of science and medical news specifically.<sup>25</sup>

At the same time, a growing number of health education and medical intervention programs have made use of highly targeted media—including "personalized" voice mail messages and text messages on cell phones.<sup>26</sup> Similarly, blogs and podcasts have essentially removed the middleman when using print and broadcast media, allowing individuals to create and distribute educational and other materials directly to larger but highly targeted audiences. While these are powerful tools and areas in which media-savvy psychiatrists may wish to become involved, their use is beyond the scope of this paper, which focuses on electronic and print mass media.

Intelligent news coverage has led to needed changes in health and research policies and legislation,<sup>27</sup> and television programs have repeatedly shown themselves—intentionally or accidentally—to be highly

effective health and science public education tools. Even entertainment programming content has been shown to influence health-related knowledge and behaviors, such as family discussions and choices about healthcare, deciding to visit a doctor or clinic, or encouraging others to seek help.<sup>28,29</sup>

s0040 **HOW TO WORK WITH MASS MEDIA OUTLETS**

p0090 While clinicians and researchers readily acknowledge the power of mass media as public health and public education tools for mental health promotion, primary prevention, and stigma reduction, few psychiatrists receive any formal training in how to use those tools. In addition, many health professionals are concerned that attempts to work with the media may be viewed by colleagues as little more than self-aggrandizement.

p0095 To counteract these problems, we incorporated both formal and informal media training into the curriculum of the child and adolescent psychiatry training program at the Massachusetts General Hospital/McLean Hospital. These include seminars in health communication, structured practice sessions such as mock broadcast and print interviews, and opportunities to work on media-based outreach projects. Several of the points emphasized in these sessions can be readily used by experienced psychiatrists who wish to explore the use of mass media as extensions of their clinical practice or research.

p0100 There are three general types of “triggers” for contact with mass media

- u0010 • **Contact by a reporter or producer about a specific story.** This is probably the most common first interaction between physicians and the press. For example, you may receive a telephone call from a journalist who is writing a news story about some local children who had been sexually abused or who is producing a television feature story on the supposed increase in autism over the past few generations.
- u0015 • **Promotion of a story idea that you have developed.** This includes promotion of new clinical services or a book, interpretation of research findings for the general public or for public policy makers, or even an organized mental health-related media campaign.
- u0020 • **The use of natural opportunities such as breaking national news to help guide coverage of that news and related topics.** For example, concerns and publicity over the use of antidepressant medications by children provided child psychiatrists with

opportunities to reach out to the press not only on that specific topic but also on the nature of childhood depression, the purpose and limits of these types of studies, and the predicaments of parents who are seeking help for children who have mental illnesses.

When you receive a telephone call from a reporter p0120 asking for your comments or insights into a story, your first response should be to ask a few questions of your own. (Psychiatrists who work for academic medical centers may find that their employers have a policy of channeling all such calls through a public affairs office, where the staff will do this. Even so, it’s a good idea to verify some information with the reporter or producer.)

What, exactly, is the name of the publication, pod- p0125 cast, online news service, or broadcast program? A reporter who says he’s with the *Enquirer* may mean the venerable *Cincinnati Enquirer* or the supermarket tabloid *National Enquirer*.

What, exactly, is the focus of the story? Knowing this p0130 before you start can help you structure what you say and help ensure that your statements are taken in context.

What’s the deadline? Reporters who work for daily p0135 publications or news broadcasts often have only hours to put together a story. If you can’t meet the reporter’s deadline, simply say so.

Also recognize that reporters, radio talk show hosts, p0140 and others who may call for an interview have a wide range of experience and expertise that may color their coverage of a topic. A few have doctoral degrees in medicine, psychology, or a related subject; others haven’t set foot in a science classroom since high school and may spend most of their workday reporting on fires and local politics.

No matter what their background, most journalists p0145 are simply trying to get their facts straight, put issues into perspective, and present them in a way that is interesting and attractive to their audience. The challenge for psychiatrists who present information on mental health is to help reporters achieve their goals in ways that also help us achieve ours.

This challenge is sometimes made more difficult p0150 because the priorities of the media can stand in stark contrast to the priorities of mental health professionals.<sup>30</sup> Let’s say you’re contacted by a reporter who’s writing a story in response to the suicide of a local and popular high school athlete.

The reporter’s focus for the story—especially if that p0155 reporter is relatively unsophisticated—may be quite different from what you might wish to get across to

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the public about the underlying issues. If your voice is to be heard, you need to gently guide the reporter and shape or “frame” the story; address the reporter’s assumptions about the nature of the problem or issue, the causes of the problem, moral or value judgments associated with those perceived causes, and/or potential remedies for the problem.<sup>31</sup>

- o0010 1. *Why did the child kill himself?* You should, of course, decline to answer that question. However, you can use it to segue to the larger issue. For example, you might begin your response with, “I can’t comment on this specific child because I didn’t know him. However, we do know that the large majority of young people who kill themselves are depressed; but their depression can look different than depression in adults.”
- o0015 2. *We know that most of these kids who shoot other people and themselves—like Adam Lanza, the school shooter in Newtown, CT—play a lot of violent computer games. Do you think this kid played those games? Shouldn’t we just ban them?* Always correct a false premise before attempting to answer any question. Otherwise your silence acts as a tacit endorsement of the premise. “I think that you and a lot of other people are making some assumptions that aren’t supported by research. Let’s look at them one at a time.”
- o0020 3. *But this kid had everything going for him. He was smart and popular. What happened?* Again, you can use this to help shape the reporter’s story by talking about the myths of depression and suicide, as well as the need for treatment. “Depression is a brain disorder. One of the things it does is give a person a distorted picture of his life. Even though other people may say he’s doing well, he may feel hopeless and doomed. Both medication and talk therapy can help. The big problem is getting teenagers to go for that help.”
- p0175 By acknowledging the reporter’s questions, correcting false premises, and segueing to relevant materials that lend insight to the story, you are helping shape it so that it is more likely to address the following important issues that might otherwise have been missed:
- o0025 1. Perspective. The epidemiology of suicide and of adolescent depression.
- o0030 2. Identification of children at risk. What are the symptoms of depression among adolescents? Why are these symptoms sometimes missed, even by family, friends, and teachers? How does adolescent depression present itself differently than adult depression?
- o0035 3. Primary prevention. What can schools and parents do to help these children before they become

suicidal? What can be done to help prevent additional suicide attempts (“contagion”) by teenagers in the community?

4. Posttrauma intervention. What can parents and teachers say to teenagers and younger children who are frightened or upset by the adolescent’s suicide?

These same techniques can be used in a proactive rather than a reactive manner. Whether you’re promoting the expansion of services at a community mental health center or working on a national stigma reduction initiative, you’ll be much more effective if you start with a detailed plan for both strategy and implementation. Key issues the plan must address include:

- **Whom are you trying to reach with your message?** Be as specific as you can, e.g., parents of children who are making the transition to middle school. There are times when you can effectively use mass media to influence a very small but critical group of individuals, such as state legislators who are about to vote on a particular bill. The pioneering political media specialist Tony Schwartz was one of the first to use low-cost targeted radio advertising to great effect.<sup>32</sup>
- **What exactly is your message?** Media interviews give you only limited time or space to get your point across. Focus on between one and three clear points you’d like to make. If you find yourself thinking in vague terms (“My goal is to tell parents about childhood stress.”), you need to rethink your approach.
- **What are the specific responses you want from your target audience when they receive your information?** Too often, mental health professionals focus exclusively on conveying detailed information, such as the symptoms of posttraumatic stress disorder. In many situations, other types of responses are at least as important. How should a person feel upon seeing, hearing, or reading your message? (Reassured? Empowered? Ashamed?) What specific behaviors do you want from that person? (Speak with their child or spouse about the topic? Call a clinic to set up an appointment?)
- **How will you know if your efforts are successful?** Did readers contact you for more information? Did clinical appointments increase? Was a bill passed in the legislature? Defining your criteria for success ahead of time will sometimes lead you to reexamine whether you’re offering the information your target audience needs in order to give the specific responses you hope for.

Another important pitfall to avoid is what we call the education trap. It’s tempting to be didactic. That is, of

course, what's been demonstrated and reinforced throughout our formal schooling. But journalists are there to tell stories, not primarily to teach.

p0230 We encountered this when working recently as consultants to a major market public radio outlet that wanted to revamp its health coverage on both its broadcast and podcast operations. It was recovering from a failed, very expensive podcast that had lapsed into teaching rather than telling compelling stories that, as a side benefit, allowed the audience to learn. It was a subtle shift that had a profoundly negative affect on their audience size.

p0235 A well-told story can be far more compelling than any statistical analysis. That does not mean that you should ignore statistics; rather, they are best used to reinforce and complement the stories you tell to make your points, not as the primary tool for making your points.

p0240 While more published studies are needed, there is evidence that reaching out to reporters with accurate background information and ideas for positive stories can improve the amount and tone of mental health coverage.<sup>33</sup> Both predictable (e.g., the holiday season) and unpredictable (the 2017 confluence of two major hurricanes and an earthquake in North America within a few weeks) events can provide opportunities to reach out to the media on children's mental health issues. Although the window of opportunity may be brief, the key issues listed above still apply. For example, a school shooting in a different state might make reporters more interested in the issue of posttraumatic stress disorder among school-age children. Before you speak with a reporter about the topic, you should clearly define your target audience, your message, the behavioral responses you want, and your criteria for success.

p0245 If the story is based on newly published research, it's important to provide information that helps reporters put new information into context. For example, a mention in one small study that a quarter of schizophrenic patients had carried weapons during psychotic episodes led to hysterical headlines about dangerous mental patients.<sup>34</sup>

p0250 Be explicit about what the data mean and what they don't tell us, as well as what the practical implications might be. Try to put the data into a real world context. If your goal is to increase the recognition of depression, it's more compelling to state that every high school classroom has at least one student with undiagnosed depression—and to give examples of what untreated depression might mean for that child's future—than to recite population statistics.

p0255 Take advantage of the power of imagery—whether a video image or photograph, or images created by

phrases or metaphors—to get your points across. When a person who looks like your next-door neighbor describes her struggle with schizophrenia, the visual impression she makes (so different from the iconic image of a violent, disheveled “crazy” person) may convey a stronger and more memorable message than any of her words.

### WHAT OTHERS HAVE DONE TO EDUCATE THE PUBLIC ABOUT MENTAL ILLNESS s0045

Because little is known about what works to educate the public about mental illness (and disorders of children and adolescents in particular), it's important to share information on what has been tried and what approaches seem most effective.<sup>35</sup>

p0260 For the past 20 years, the Carter Center in Atlanta has offered Rosalynn Carter Fellowships in Mental Health Journalism<sup>a</sup> to reporters and producers in a variety of media. While the focus has been on American journalists, it has helped develop similar programs in Colombia, New Zealand, Qatar, Romania, South Africa, and the United Arab Emirates. The 1-year program combines formal training in Atlanta with financial support and professional guidance from both mental health professionals and senior journalists on a media project. While most of the fellowship participants are traditional general assignment or medical reporters, a few have been mental health professionals as well as journalists. It has also published a resource guide for journalists on covering behavioral health issues<sup>36</sup> that could be of use to psychiatrists interested in working with the media.

p0270 The World Psychiatric Association has collected information on programs from 11 countries, including the United States, designed to educate the public and reduce stigma and discrimination related to schizophrenia and other mental illnesses. Some of these involve the distribution of media materials such as videotapes, efforts to work with reporters, critiques of poor news coverage, or awards for good reporting. (This compendium collection can be viewed or downloaded at [http://www.openthedoors.com/english/01\\_02.html](http://www.openthedoors.com/english/01_02.html), although it is no longer being updated.) Unfortunately, these efforts tell us little about the best ways to educate the public about mental illness; there is a dearth of published information on the evaluation of educational media materials and the campaigns which use these materials. Most programs rely on

<sup>a</sup>[https://www.cartercenter.org/health/mental\\_health/fellowships/index.html](https://www.cartercenter.org/health/mental_health/fellowships/index.html).

informal measures such as feedback from conference participants or counts of requests for materials.

p0275 A notable exception is the *Like Minds, Like Mine* campaign, which was initiated by the New Zealand Ministry of Health in 1996.<sup>37</sup> This research-based campaign includes strategically placed television, radio, and cinema advertisements (including nationally known and respected people who had experience with mental illness), public relations activities to support the advertising messages (including media interviews and placed articles), and more targeted locally based education and grassroots activities. National tracking surveys found high awareness of campaign messages and significant changes in attitudes and behavior. For example, 62% of those surveyed reported discussing the advertising one or more times with someone else. Most important were the reports of reduced stigma and discrimination related to family, the public, mental health services, media content, police, and housing. More information on the ongoing campaign, including the National Plan,<sup>38</sup> can be found at <https://www.likeminds.org.nz/>.

p0280 England's *Time to Change* (TTC) campaign, another promising effort to change public attitudes and reduce discriminatory behavior toward people with mental illness. *TTC*, launched in 2009 and funded (by several charities) through at least 2021, has a substantial social media component. A national survey linked awareness of *TTC* with increased odds of seeking help and comfort disclosing a mental illness.<sup>39</sup> Also worth noting are the public education campaigns developed by the Royal College of Psychiatrists in Great Britain, including *Defeat Depression* from 1992 to 1996<sup>40</sup> and *Changing Minds* from 1998 to 2003.<sup>41,42</sup> *Defeat Depression* was meant to encourage earlier treatment-seeking by educating the public and reducing stigma. *Changing Minds* broadened the effort to include anxiety, schizophrenia, dementias, alcohol, and other drug misuse, and eating disorders. In addition to encouraging the public "to stop and think about their own attitudes and behaviour in relation to mental disorders... and become more tolerant of people with mental health problems," the campaign designers sought to reduce discrimination against people who suffer from these problems. Surveys suggest that these campaigns may have contributed to encouraging ~~but~~ small shifts in attitudes (for example, regarding perceptions of dangerousness, and whether a mentally ill person is to blame for his or her condition), but it's not clear whether discriminatory behaviors were affected. Survey data tables, campaign materials, and information on the recent Royal College of Psychiatrists campaign *Partners in Care* (addressing the needs of

families caring for someone who is mentally ill) can be found at <<http://www.rcpsych.ac.uk/healthadvice/partnersincarecampaign.aspx>>.

## SUMMARY

Working with the media can be a positive experience and a valuable complement to a clinical practice or a research program if psychiatrists overcome their discomfort and develop realistic expectations and clear goals. For clinicians, it provides opportunities to counter misinformation and stereotypes, to remove barriers to seeking diagnosis and treatment, to improve therapeutic relationships, compliance with treatment, and clinical outcomes, and to increase social and political support for families who struggle with mental illness. For researchers, it can help bring key public policy issues to the forefront and clarify confusing issues related to mental health. It is also important to network with colleagues locally and internationally to build our limited knowledge base of innovative and effective ways to use mass media for the benefit of the public's mental health.

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