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When I talk to groups who are keen to try and work more actively with the media about a particular issue, there is often a common response. People often feel a bit resentful that they are being advised to engage with the media on the media's terms; they often feel that the process is a bit one-sided. That it is all about them trying to meet the media's needs rather than vice verca.

As a journalist, perhaps I have a self-interested view in encouraging people like yourselves to work with the media on our terms. But it is also because, as a journalist whose in-tray, email basket and telephone line are besieged every day by various interests wanting me to cover their health story, their issue, I know how tough the competition is for people wanting to get their health issue raised in the media or to influence coverage.

Just to give you an idea of the potential number of health stories out there: every week, there are hundreds and hundreds of new research articles published which could make potential stories. And that is a conservative estimate. There are many, many effective and media-savvy advocates for a whole range of health issues trying to garner media space. Then there are the multitude of commercial, professional and political interests trying to engage the media. And there is a very profitable public relations industry specialising in health issues. And that is just the competition you face from within health - never mind all the other issues that compete for media coverage.

Advocates like yourselves face a particularly tough battle; mental health issues traditionally have not been popular with news editors and managers. Journalists quickly learn that it is generally more difficult to get a story on mental health a run in the paper or on the news bulletin. If they do, it is less likely to get on the front page than, say, a story about cancer or children's health.

And so, the main point I would like to make is that if you want to raise the profile of mental health in the media, you need to learn to think like

journalists. The fact that your issue is important and worthy and you care deeply about it is not enough in itself to get it coverage. What you need to do is develop skills for framing your messages and issues within the media's criteria for newsworthiness.

This does not mean accepting media practices which promote stigma or misinformation. It does not mean letting us off the hook when we get things wrong.

What it does mean, however, is that you have to understand how journalists think and work. We are not health professionals. We are not in the business of health promotion or health education. We are professional critics and reporters and story-tellers and entertainers. We are in the business of producing news and other media products, whether features or documentaries. And we do so under huge constraints, which often are not appreciated by our critics.

These include practical issues, such as the reality of having to produce a product regularly. Many news journalists are expected to produce more than one story a day, meaning there is often little time to research issues fully. The pressures of unrelenting deadlines mean that stories are often "thrown together", rather than being written with the benefit of time to consider and mull over an issue. The context of the story will often depend on which source is available at a particular time and can spare time to be interviewed.

That said, it is foolish to make generalisations about the media, which is a many headed beast. Radio will approach a story differently to television. An investigative TV program will approach a story differently to a commercial tabloid show.

Here is a quote from someone who has worked on current affairs at various commercial TV networks. This comment could be about any such outlet. "...the attitude is nobody cares about drug addicts. I tried at various stages to do some stories relating to the health of heroin addicts. The perception of decision makes is that our viewing audience don't have any sympathy with drug users so we will do stories showing them as problems rather than people with health problems. Drug addicts are seen as bludgers and criminals. Homelessness is another difficult one to do. Anything to do with mental health, with aged people, we just won't touch

it because we don't think our audience want to see these people on their TV screens at night at 6.30 when they're eating their dinner. They can show the most horrific sex and violence. But heaven forbid that you should show an elderly infirm person or a person with a psychiatric illness or an aged dementia. They won't show these things on TV. The perception is that the audience won't tolerate it and to some extent that's absolutely right. Their perceptions are based on the ratings. They know when they do stories like that, viewers turn off."

I've read you that quote at some length because I think it is absolutely powerful. It says something about stigma. And it says something about the reality under which many journalists operate - we work in an intensely competitive commercial environment and often, as individuals, have surprisingly little say over what stories we do or sometimes even how we do them. And we have even less say over what can be just as important as the content of the story - how it is presented; such as the headline in newspapers or the promo on TV.

If you want to engage with the media, you have to understand it, understand the particular outlet that you are dealing with and their market. Be familiar with what they do. Know who tends to cover the health stories - or the mental health stories - and what they are interested in.

But most importantly understand what makes a story for a journalist. Journalists have a gut feeling about what is newsworthy. We can sense a story. Even so, news can be terribly unpredictable - even journalists often can't predict if or in what form their story is going to get a run. But the bottom line is that news is a commodity, not a public service.

This does not mean that journalists are not striving to produce balanced, meaningful stories in the public interest. Usually we are. But these will be selected, packaged and presented in a way which sells newspapers or attracts television and radio audiences. Even public broadcasters are motivated by the ratings quest - the media is looking for stories which grab attention.

To relate this to the health and medical field, this includes stories which are:

- * New eg the launch of a novel type of drug
- * Stories which are Shocking eg a new drug linked to scores of deaths
- * Stories which Involve conflict -
- * Stories which are Weird what editors call "the Martha factor" something which will make Mr Everyman call out to his spouse "look at this Martha".
- * Stories which are Timely
- * Something which affects a large proportion of the population. Sadly, this definition of newsworthiness means that it can be more difficult to win coverage of issues which affect a minority of the population.
- * News also involves Fads fashions come and go in the media. Breast cancer, for example, is deemed to be more sexy than lung or colon cancer. And, in recent years, impotence is the sexiest of all.
- * Human interest a story which tugs the heart strings, is quirky, or just plain interesting for whatever reason.

Apart from understanding factors which contribute to newsworthiness, it can also be helpful to understand the different types of stories, which determine where they will be placed in the newspaper or news bulletin and how they will be produced or written. There are hard news stories, picture stories, feature stories, human interest stories or quirky stories.

Try to consider how the message you want to get across might be presented so that it fits into one of these formats. Some issues may be better suited to the softer, human interest approach.

And don't forget letters to the editor. These pages are very well read - including by politicians and their staff - and provide a quick, effective way of responding to a topical issue. They have the added advantage that you have more control over how your words are used than in a news story.

On top of all this, it helps to have the right attitude. Don't see journalists or the media as the enemy or a nuisance. If you want to engage with the media, you have to be prepared to be available when they want you; otherwise you may not get asked again. You have to be prepared to speak in their language and at a level that appeals to and is accessible to their audiences. You have to be willing to try to frame the message that it is important to you in a way that is relevant to them and their audiences.

Journalists are often busy. We may seem abrupt, pushy. We may annoy you by persisting with our version of what the story is, rather than what you think it should be. Understand where we are coming from, the constraints we are working under including the competitive nature of their business. There are many different players in news production - in one sense, the journalist is at the bottom of the chain. We have to convince our managers and producers that this is a story worth running.

All that said, it is worth persisting and trying to build relationships with journalists. We tend to go back to reliable contacts. Journalists are human; we'd rather deal with people who are pleasant, who understand the realities of our job and who help us to do the best job we can under what are often difficult circumstances.

Let's assume that you've made the effort to engage with the media and have been successful. You are now going to be interviewed. You don't want to waste all that time and effort by fluffing the interview. The number one rule is be prepared. Don't just do it off the cuff.

A few basic hints:

1. Work out your message. Think of your audience and what would be of interest to them. Don't expect to get across complex information. Try not to get distracted from the main issues. Usually only a few quotes will be attributed to you. Practise a few key quotes before the interview. Say them out loud. Verbal speech different to written speech. Easy for what you say to be not quite right when you see the hard quote in print or hear the quick grab on the radio.

If you are going on TV, look at yourself in the mirror and practise your quotes. Think about what you wear. With radio, speak simply and clearly. Same for print. Avoid jargon and acronyms

2. If it is the media initiating the story, ringing for an interview, ask a few questions before starting the interview. What sort of story it is that you are being interviewed for. That will give you more idea of the style, how much space the story will have, how you are likely to be quoted. What is the context of the story? What do you already know about this issue. Who else have you spoken to?

3. If the call comes out of the blue blue or you want a few minutes to collect your thoughts, ask if you can ring back in five minutes. It's probably a good idea to do this anyway. But many journalists are frantic, trying to meet an impending deadline. Make sure, that if you want to comment, you won't lose your opportunity. Eg people ringing back the next day. If you become known as reliable, accessible deliverer of concise quotes, more likely to be rung again.

If this all sounds like a lot of hassle, you're right. It is often a lot of work for a pretty uncertain, unpredictable outcome.

As mentioned, the media is very unpredictable. The odds are that if you try to engage more actively, this will result in some stories you don't like. Sometimes you will feel that your words are being used out of context. Or you will put a lot of effort into publicising an issue that you care deeply about, and only attract the interest of the local throwaway.

On the other hand, raising issues through media can be beneficial in many ways. It can shine the spotlight into dark areas where it is needed. It can promote open public debate, and it can influence the behaviour and attitudes of the general public, policy makers, health professionals. And - as Anne Deveson so beautifully exemplifies - good story-telling can be very powerful in engaging people and making them care.