



Editorial

Internet, media and mental health

Professor Graham Martin

Director, Child and Adolescent Psychiatry, University of Queensland, Brisbane, Australia
Editor in Chief, AeJAMH

The recent *Internet, Media and Mental Health* conference in Brisbane (22-24 April 2004) seems to have been a great success with overwhelmingly positive feedback from participants, five spontaneous offers of collaboration from both organisations and individuals to assist development of the next biennial conference in 2006, and a flood of acceptances from speakers to publish chapters in a proposed book (which will be more than a proceedings, yet reflect all the themes discussed). All of this reflects the enthusiastic response at the conference to keynotes, symposia and individual papers, and the intense level of discussion around what was a complex set of overlapping ideas.

The conference themes originate in many ideas and experiences. First, the work over many years which has shown that violence in children may be influenced in part by the amount of violence they see on television, other work over 30 years suggesting that newspaper stories about (particularly celebrity) suicide might act to 'tip' vulnerable people into the act, and a considerable body of work suggesting that media in general may not simply reflect what we the public need to know but, in turn, has the power to influence our mental state. A contrasting theme relates to the increasing need for the use of technology in mental health programs both to service the ever-increasing burden of illness, but also to respond to the particular needs of those

living in rural and remote areas who may not have easy access to diagnostic or therapeutic programs except through the telephone, Internet, or newer videoconferencing and telemedicine.

As more practical influences, being part of a team which developed *Achieving the Balance* for the Commonwealth, and subsequent work over the last four years on the National Media and Mental Health Advisory Committee toward the current *Mindframe* guidelines, has recurrently suggested the need for wider dialogue of the issues. Of more theoretical importance is a shift away from criticism of media for their perceived role to the more constructive idea that media and mental health might work in partnership toward mental wellness and an improved lifestyle for Australians. This shift, of course, reflects development from a focus purely on illness and risk factors, toward better understanding of both the role of protective factors and mental health promotion – as seen in major Commonwealth developments in the three Mental Health Plans to date.

Further, being part of the original team which developed Auseinet (The Australian Network for Promotion, Prevention and Early Intervention for Mental Health) cemented not only the importance of these theoretical shifts but provided personal experience in the use of Internet and media of various types in the development of the Communications Strategy for Auseinet. As a final influence, much of the

Contact: Professor Graham Martin, Director Child and Adolescent Psychiatry, University of Queensland, Brisbane, Australia graham.martin@uq.edu.au

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early thinking, planning and program development for Auseinet was presented to the inaugural *Internet and Mental Health* conference in Genoa, Italy in 1998 – a conference which suggested the need for wide discussion of the use of technology in mental health.

These complex ideas and paradigm shifts were reflected in the difficulty of ‘selling’ a conference on what are ‘cutting edge’ methodologies. In the original promotional and funding application materials, the increased interweaving (and perhaps interdependence) of media and Internet in today’s society was pointed out, as were the possible influences of each on mental health. The now well-researched negative influences were balanced with ideas about how constructive approaches might benefit future Australians, their mental health and their lifestyle. The need for the conversations was stressed. As it turns out, mental health professionals (apart from the 120 who registered) found it hard to choose this conference over the plethora of other conferences available each year, hard to gain the funding to attend, and perhaps hard to see how the ideas might have relevance to their day-to-day practice. On the other hand, the response from media professionals was irretrievably mired in their need to gain simplistic one-liners related to a single idea that might sell newspapers, or increase ratings for television. From editors down to working journalists, the response to a request for dialogue was either none or, in some cases, a response tinged with hostility. Even trying to sell the line that cadet journalists or journalism students might gain a lot from consideration of the complexity of the issues, was met with profound resistance and/or silence. Yet, the conference must be rated a success, and the need for a further conference was voiced by many participants.

The three daily Keynote sessions achieved the original aim of providing, within each, differing views using the three different lenses – of ‘problem’, ‘advances’, and ‘collaboration’. In the first session, Senator Andrew Bartlett, leader of the Australian Democrats, opened the conference with a unique report of his personal experience at the hands of media, having publicly admitted to suffering depression. Michael Ebeid from Optus explored the rapid

developments in communications technology and what they might mean for practitioners in mental health. Michael Flood from the Australia Institute reported on a serious problem – that of the ease of both deliberate and accidental access for young people to pornography on the Internet. Finally, an example of national collaboration between media and mental health (the *Ybblue* program) was explored by Jane Burns from *beyondblue*, and Brad McKewan from Channel 10 television.

In the second day Keynote session, Beth Haller from the United States presented an intriguing keynote called ‘Roasted Nuts’- the headline in a newspaper after a tragic fire at a mental hospital. The essence of her paper was that following a public outcry about the reporting, a long lasting collaboration with the newspaper led to a positive and sustained series of constructive reports on mental health problems. Psychiatrists Louise Newman and Michael Dudley then examined media reports on detained refugees in Australia, and the impacts on the mental health of the children. Finally, Jo Mason presented the national whole school approach to resilience - *MindMatters* – and the way in which the Internet plays a central role in the program.

The third day Keynotes were equally extraordinary and rich. Michael Vaughan from New Zealand presented their national mental health advertisements using famous sporting figures and reported on the striking outcomes achieved – particularly in help-seeking by men. Richard Eckersley from the Australian National University provided a broad perspective on the need for social change if we are to gain mental health for future Australians. Finally, Philip Castle and Trina McLelland explored the complexity of being a working journalist, but also the impact of disaster on journalists’ personal health.

The quality of symposia and papers was equally good, and the promotion of the conference as attracting some of the finest minds in Australian mental health was no idle boast. Fifteen papers addressed counselling on the ‘Net or through email, with high quality clinical and research reports. There were thought-provoking symposia on collaborations with media, mental illness and the role of professionals as presented in film, suicide and the media, IT approaches to

multicultural mental health, and creative approaches to reaching young people (for instance the *Somazone* program presented by film-maker Richard Jones) or hard to reach groups. Of importance there were two fine papers specifically exploring ethical issues as we grapple with these cutting edge approaches. It is to be hoped that many of the papers from the conference will find their way into this journal.

So are there lessons to be learned from the conference? The answer is of course 'many' at many different levels. The first lesson is that innovation is alive and well in Australian mental health, and many groups are actively embracing electronic means of advancing clinical practice in dealing with mental illness.

The second lesson derives from this. While there were some outstanding (if not mind-blowing) examples of programs addressing the potential for mental wellness and lifestyle, the predominant theme was the creativity in approaches to mental ill health. Despite the rhetoric of national policy and strategy, we still have a long way to go in the advancement of mental health (as 'health').

The third lesson is that collaboration with a wide variety of media is possible at the Universal level as well as more local targeting of Selective groups. Again though, we have a long way to go to engage relevant media groups in the discourse. The level of suspicion is high, media is largely unconvinced of their role in influencing ill health and, as yet, find it hard to grapple with their possible role in collaborations for mental wellness and lifestyle. A part of this relates to our ability as mental health professionals to translate the complexity and the breadth of the debates into acceptably simple and unambiguous language suitable for daily reporting. Conversely there is a need for media to get past the need for crass and sometimes inflammatory (if occasionally clever and alliterative) one-liners. How this can occur in such a massive and wealthy industry with a focus on aggressive marketing is beyond the scope of this editorial (and probably the scope of national committees and several more conferences).

A further lesson, then, is that there is a long way to go in this area if we are to achieve what this

journal seeks to achieve – the advancement of mental health. We need to continue to focus on the novel possibilities for using information technology approaches, we need to be cognisant of the ethical complexities in what can be a very exciting area of creativity, and we need to find new ways of developing understanding and collaboration with potential industry partners in film, television, the Internet, and all forms of the print media.

A final lesson is about the process of running a conference about technology. An assumption was made, in the context of keeping costs down, that email advertising of the conference, with registration online, would be a viable alternative to printed promotional material. At this time, ironically given the theme of the conference, this assumption has proved wrong. Many mental health professionals use their emails intermittently and may fail to take notice of one email amongst many others. Despite the frequency of email promotions to a list in excess of 8000 addresses, many claimed they were unaware of the conference until it was almost too late to get funding. Emails to senior professionals and administrators just did not filter down their systems, or provide notices for coffee tables (as printed materials might). Conversely, many professionals complained about the frequency of emails, suggesting it resembled SPAM. Of note, these somewhat hostile responses were more likely from media professionals and media academics than mental health professionals. Given the new laws about SPAM, great care must be taken in future to comply with the rules, and the printed medium may still be best in the lead up to the 2006 conference.

Turning to this issue of the journal, it is exciting to note that papers relate to the themes of the conference. In a wide-ranging and erudite editorial, Nicholas Procter explores the impact of globalisation on health systems with an emphasis on the implications stemming from education. He notes: "Educators and their students need to process information, derive knowledge, and disseminate the knowledge into clinical practice in ways unanticipated before the introduction of computer technology and the internet". He suggests we may be in danger of losing the influence of local culture in our health systems,

the art that balances the evidence from global research, and goes on to argue for **glocalisation** – the idea that some activities have to be initiated within the context of local culture.

Jonathan Nicholas and colleagues examine help-seeking behaviour in adolescents and the internet. What is clear is that awareness of *Reach Out!* as a program was high, and acceptance of its usefulness was also high. There were gender differences in help seeking behaviours, and whether the Internet was used depended on the nature of the problem, but active programs to increase knowledge of the availability of such programs on the ‘Net remains an important strategy.

In a rather nice counterpoint, two editorials explore the issue of recovery from mental illness, an essential part of national mental health policy, but something not discussed as often as it should be in the context of prevention. Mary O’Hagan’s paper suggests that New Zealand may have grappled with the essential issues somewhat earlier than Australia, but that “although recovery is widely accepted as a concept by people in the mental health sector in New Zealand, the Commission still has a long way to go to ensure that recovery as we have defined it becomes embedded in mental health services”. Debra Rickwood notes that the term recovery has been contentious – as much for consumers as for mental health professionals, but concludes that: “Australia is slowly but surely moving toward a mental health service system that empowers and promotes the well-being of people with mental illness”, using a model of recovery.

Jeffrey Chan and colleagues from New South Wales explore the availability of mental health services for those with intellectual disability, using case studies to illustrate some of the issues. They conclude that while emerging evidence suggests that services are improving, there is still a place to re-examine clinical services and ‘get it right’.

A second paper by Chan and colleagues explores another area of human existence in which mental health issues need to be reviewed – that of people who offend and may have had traumatic brain injury. Again, a small clinical sample is explored to examine the issues. The authors

conclude that a strong case can be made for early intervention.

The final paper in this volume (Janet Costin and colleagues from Maroondah CAMHS in Victoria) reports on a clinical trial of two interventions for oppositional defiant disorder. Both interventions are shown to improve outcome, but specific targeting of symptoms is shown to be important by the extra improvement in the ODD symptoms for those groups where parents gained specific management skills for ODD rather than just non-specific stress management skills.

This issue of AeJAMH marks the beginning of the third year of the journal. Hits to the site and downloads would suggest that the journal is widely known, and has gained some credibility in the field. We believe that we can maintain the standard of the journal. Our eternal thanks go to our Editorial Advisory Board, our Assessment Panel for their quick reading of papers and their clear responses, and of course to those of you who provide papers. We look forward to continuing to provide a rich online resource toward the advancement of mental health in Australia.