

Editor's Commentary

Mental health in the media: Both sides of the ad controversy



by Gregory K. Fritz, M.D.

It was a remarkable moment we witnessed recently: the director of the NYU Child Study Center, a child psychiatrist, pulling a massive media campaign because of public outcry. To paraphrase another advertisement, "We've come a long way, baby!"

Not so long ago, few could conceive of childhood psychiatric disorders like autism, attention-deficit/hyperactivity disorder and depression being the subject of national media attention. Mental illness in children and adolescents was an embarrassing secret kept hidden by families. Accurate data on youth suicides were lacking because frequently suicide was not even acknowledged as the cause of death — the death was ruled an accident to protect the misconception that children were incapable of misery so profound as to make them take their own lives. Public discussion of childhood mental illness was virtually nonexistent.

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The media campaign to publicize child psychiatric disorders described in detail in this issue of *CABL* was a big undertaking. Clearly, top-flight marketing and public relations types had put considerable effort into developing the ads and planning the exposure — it was not the work of amateurs hatched during their breaks between seeing patients. Even with pro bono work from the advertising agency, a national campaign doesn't come cheap. I'm not sure which is more unusual: that any child mental health group would have access to those sorts of resources or that they would commit them to a major consciousness-raising campaign. To my eye, both are incredible marks of progress.

I do know that my friend Harold Koplewicz, M.D., Director of the NYU Child Study Center, is a remarkable individual with a passion to improve children's mental health by raising public awareness. He has boundless energy, bold ideas and an uncanny ability to raise money from a variety of donors. (That the media blitz would also raise the profile of the Child Study Center and

attract further philanthropic support could not have been lost on Dr. Koplewicz — doing well by doing good).

The advertisements certainly were attention getting: they were brief, engaging and startling. No parent could help but catch their breath when accosted by one of the ads: the inevitable visceral reaction was "it could be my child in danger." The ads generated quite a response, as intended: people from both within and outside the world of mental health talked about them with strong feelings. Although provocative, the ads offended many advocacy organizations and parents of children with psychiatric disorders. Their protests were loud and passionate and ultimately Dr. Koplewicz pulled the ads, citing his desire not to cause pain or hardship for those he sought to help.

My own reactions to this story have been complicated. In the big picture, I'm happy to see child mental health issues in the national spotlight. Media attention potentially reduces stigma and increases the likelihood that mental health clinical and research needs will become a high priority. Further, I'm glad a child psychiatrist has the wherewithal and commitment to launch such a bold campaign. At the same time, I'm also pleased that the community of child mental health advocates can speak loudly with one voice on an issue of great concern to them, even when the focus is on part of the "mental health family." Personally, I found the ads gripping and thought provoking, raising questions about the impact, treatability and stereotypes of childhood mental illness. Regrettably, the push for political correctness and focus group approval too often results in homogenized messages that are easily ignored, but not so in this case.

For what it's worth, my bottom line assessment was in favor of the ad campaign. It's not just adhering to the old saw that "there's no such thing as bad publicity" — I don't actually believe that. The 90% of the population that does not have a child with a serious psychiatric disorder *must* become personally invested in helping the children and families who are affected. That entails being uncomfortable with the way things are and doing something about one's discomfort. When there is a real groundswell demanding greater progress in knowing what causes and how to treat childhood mental illness — beyond the mental health advocacy community — that's when things will really change.

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