# A CHILD AND ADOLESCENT PSYCHIATRIST'S PRIMER ON MEDIA AND SOCIAL MEDIA ADVOCACY

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I don't have time to be an advocate. Between long clinic hours, mountains of paperwork, and the demands of busy lives, the idea of becoming an advocate for child and adolescent mental health may seem impossible. The word "advocacy" conjures up images of lobbyists courting legislators or media campaigns for stigma reduction. But what does advocacy really mean? At its core, it means speaking on behalf of our patients and our profession. When you spend time on the phone with an insurance company getting prior authorization, you are advocating for your patient; when you meet with a family to explain their loved one's symptoms, you are an advocate; educating medical students or physicians in other specialties is advocacy.

The knowledge and skills that you use in these settings can be readily applied to advocacy on a larger scale. And public advocacy is an important part of clinical practice. One reason for this is our own wellness. Participating in advocacy empowers our profession and our professional lives. This can counteract feelings of helplessness that contribute to burnout, which significantly affects half of US medical trainees and early career physicians. More broadly, the truth is that if we as psychiatrists don't speak up, others will – including insurance and pharmaceutical companies, politicians, and antipsychiatry movements. If we don't provide information, our patients, the public, and policymakers are left with only these sources of information.

Even as the small acts of education that we provide within the scope of our daily practice are useful, advocacy efforts have much more impact if we reach further into our communities. The lack of adequate, accurate information has a detrimental effect on stigma, public policy, funding, and the psychiatric workforce. The American Academy of Child and Adolescent Psychiatry (AACAP) provides a multitude of resources on legislative advocacy available at <a href="http://www.aacap.org/AACAP/Advocacy/Home.aspx">http://www.aacap.org/AACAP/Advocacy/Home.aspx</a>, from toolkits and webinars on skills training to updates on state and federal initiatives. Joining organized medicine groups like AACAP or the American Psychiatric Association provides a vehicle for expanding individual advocacy efforts, particularly in the political realm. Along with legislative advocacy, engagement through media and social media is effective and necessary.

This article aims to provide a brief introduction to the importance of engagement with media and social media advocacy, and the skills necessary to get involved.

# Why Advocacy?

Public advocacy creates significant change in attitudes. Interactions with the media and with social media are key methods of advocacy, as they allow for message amplification by reaching a broader audience. The goals of advocacy include raising public awareness of mental health concerns, decreasing stigma, counteracting misinformation, and influencing policy makers, who monitor these sources for issues affecting their constituency.<sup>2</sup>

Mass media campaigns about mental illness have been shown to improve attitudes about treatment and perceived stigma,3 as well as to result in increased helpseeking behavior.4 In contrast, exposure to one news article about a mass shooting by an individual with mental illness results in an increased perception that those with serious mental illness are dangerous.5 The effect of individual social media advocacy has been less studied, as many articles on its use in medicine are descriptive<sup>6</sup> or provide professionalism guidelines for clinicians' use.7,8 There is little information about the results of creating a publicly viewable professional account on Facebook or Twitter in order to disseminate information on a particular topic of interest, or to connect followers to resources and information for lobbying their representatives on specific legislation.

Nevertheless, despite the lack of in-depth studies, the #WhyIStayed campaign on Twitter demonstrates the potential impact of social media advocacy. After an incident of domestic violence by an NFL player garnered significant attention in early September 2014, Bev Gooden heard others asking why the player's fiancée stayed with him despite the abuse. She posted a series of tweets explaining why she had stayed in an abusive relationship, using the hashtag #WhyIStayed.9 In the following weeks, there was an outpouring of similar messages from survivors along with a dramatic increase in media attention and a sense of urgency to change policies on domestic violence. Similarly, the "It Gets Better" project10 started by advice columnist Dan Savage and his husband in 2010 after a number of LGBT adolescents died by suicide after being bullied resulted in the creation of over 50,000 vid-



eo messages of hope from people across the world, and national attention to bullying in schools.<sup>11</sup>

Despite the possibilities for advocacy to influence policy and public perception, relevant skills training is rarely a part of medical education.<sup>12</sup> The Johns Hopkins School of Public Health has a course in health advocacy, which includes training in how to analyze public health problems, develop a campaign to influence policy, interact with media, and present information to politicians and lay audiences;<sup>13</sup> they also offer a 3-day intensive course for professionals. However, more limited interventions such as a half-day advocacy training can improve medical students' interest in advocacy and sense of preparedness to do so.<sup>12</sup>

### **Crafting a Message**

Carefully crafting an approach in advance is key for both media and social media advocacy. For both avenues, there are four things to know: yourself, the media, the audience, and the message. He Knowing yourself means using your own public persona, rather than trying to be someone else. It is important to be prepared and thoughtful, but there is no such thing as a "right style." Knowing the media is having an awareness of the particular outlet: an interview with the local paper requires a different style than one with a reporter from the Associated Press, and a post on LinkedIn can be more comprehensive than a Tweet. And knowing the audience requires familiarity with the target group, as a blog post for AACAP members may use more technical vocabulary than one intended for the families of children newly diagnosed with autism.

Knowing the message requires focus on specific points to communicate (and those not to). A good message organizes and prioritizes ideas, making information easier to convey and receive (Table 1). Messages should be simple, clear, concise, and compelling.2 The main points of the message are the takeaways, which should be just a few words long.<sup>14</sup> Even for interviews or longer pieces, there should be no more than three main points. They can be introduced with sound bites, attention-grabbing sentences and phrases that are easily remembered and repeated. Each main point can be supported by up to four justifications, which can be emotional, rational, and/or databased; the use of personal stories as justification builds understanding and emotional connection to the issue. Regardless of the target audience, it is important to use plain language rather than field-specific jargon or acronyms; terms like PTSD have entered the public lexicon, but most others have not. Along with making sure that the message is clear, this increases accessibility and relatability.

Table 1. Crafting an Effective Message		
Components	Definitions	Numbers
Main points	takeaways, a few words long	1-3 in total
Sound bites	attention-grabbing phrases/sentences	1 for each main point
Justification	emotional, data-based, or rational arguments, including personal stories	1-4 for each main point

### **Media & Social Media Advocacy**

Perhaps the simplest form of media advocacy is letters to the editor, which are generally a few hundred words in length. Opinion pieces provide an opportunity to elaborate, and can be submitted unsolicited to publications as widely read as the New York Times or online sites, such as Huffington Post or CNN, along with local news outlets. Your choice of publication depends on the goal. Encouraging people from your hometown to contact their legislators about an upcoming piece of state legislation may be best accomplished through local outlets, whereas providing more accurate information after a widely publicized event is better accomplished via a national source. Psychiatrists are also often called upon to give comments or more in-depth interviews to journalists. Establishing consistent relationships with journalists or media outlets and becoming a resource means that it is possible to have a proactive response to mental health related issues, reaching out to connections to educate and inform as a situation unfolds rather than reacting after public opinion has been formed.

Social media may seem like an unlikely venue for advocacy, but with 284 million people active on Twitter monthly and 829 million daily users of Facebook, creating an active social media presence as a psychiatrist can be a powerful means of reaching broad audiences for ongoing conversations (Table 2). This longitudinal presence is crucial for the creation of relationships and establishment of a reputation as a respected voice. There are a multitude of potential networks, including blogs, Facebook, Twitter,

## Table 2. Key Social Media Skills

- Maintain an active, responsive, reciprocal presence.
- Utilize selective and strategic posting and reposting.
- Include images, videos, and links.
- Tag other users or use hashtags to make posts searchable.
- Show personality without being overly personal.





LinkedIn, Instagram, Reddit, and Youtube; to be most effective, choose a limited number of platforms and maintain a responsive and reciprocal presence. This does not imply responding to every comment or tag, or indiscriminately reposting others' messages. Rather, it is important to be selective and strategic, reading links and articles before posting or forwarding them. Including images, videos, and links along with text increases appeal and the likelihood that readers will share a message with their own networks. The use of features like hashtags or tagging other users also allows messages to be searchable (for example, a common mental health related hashtag on Twitter is #mhsm, for "mental health social media").

One concern with both media and social media is the issue of control. It is impossible to have complete control over what occurs in the media or over social media; the only things that can be reliably controlled are yourself and the message you deliver. Weep comments simple, short and memorable, and in interviews don't offer more than is asked, instead repeating the main point. Remain professional — it is possible to show personality without being overly personal, and to engage while remaining calm and unprovoked. Do not repeat negative statements; instead frame replies in positive language. Misinformation should be corrected, though it is important to be aware when someone is "trolling, " or trying to provoke a reaction, and to avoid engaging. And never lie or fake an answer. Another point to remember is that you should not

identify yourself as speaking on behalf of your employer or organization, or imply that you are doing so, without obtaining explicit permission. Be aware that patients and colleagues may come across your advocacy, so do not say anything that you would not say offline, and be prepared to discuss your work with them.

## **Conclusion**

Advocacy may not seem like a relevant or accessible skill for a clinician, but with the current pressures facing mental health care it is essential that we speak on behalf of our patients and our profession. Being an advocate on a small scale is already part of our day-to-day work with patients, families, and the healthcare system. Media and social media advocacy allow us to provide education in a larger sphere, and leverage our existing knowledge and skills to have a positive impact on the community. You can become an effective advocate with little more than the technology you already have and a few brief moments of your time, with potential impact on thousands of lives.

### **Take Home Summary**

Advocacy is an important way to give a voice to our patients and our profession, and to affect policy and public opinion. The skills and knowledge that we as psychiatrists use every day in our clinical practice can be readily applied to advocacy in the media and social media spheres.

### References

- **1.** Dyrbye LN, West CP, Satele D, et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Acad Med.* Mar 2014;89(3):443-451.
- **2.** Ptakowski KK. Being an effective advocate for children's mental health. Paper presented at: University of Pennsylvania Grand Rounds; June 7, 2012, 2012; Philadelphia, PA.
- **3.** Evans-Lacko S, London J, Little K, Henderson C, Thornicroft G. Evaluation of a brief anti-stigma campaign in Cambridge: do short-term campaigns work? *BMC Public Health.* 2010;10:339.
- **4.** Wright A, McGorry PD, Harris MG, Jorm AF, Pennell K. Development and evaluation of a youth mental health community awareness campaign The Compass Strategy. *BMC Public Health*. 2006;6:215.
- **5.** McGinty EE, Webster DW, Barry CL. Effects of news media messages about mass shootings on attitudes toward persons with serious mental illness and public support for gun control policies. *Am J Psychiatry*. May 1 2013;170(5):494-501.
- **6.** Grajales FJ, 3rd, Sheps S, Ho K, Novak-Lauscher H, Eysenbach G. Social media: a review and tutorial of applications in medicine and health care. *J Med Internet Res.* 2014;16(2):e13.
- **7.** Koh S, Cattell GM, Cochran DM, Krasner A, Langheim FJ, Sasso DA. Psychiatrists' use of electronic communication and social media and a proposed framework for future guidelines. *J Psychiatr Pract.* May 2013;19(3):254-263.

- **8.** Ventola CL. Social media and health care professionals: benefits, risks, and best practices. *P T.* Jul 2014;39(7):491-520.
- **9.** Gooden B. @bevtgooden. https://twitter.com/bevtgooden. Accessed October 15, 2014, 2014.
- **10.** It Gets Better Project. http://www.itgetsbetter.org/. Accessed December 1, 2014.
- **11.** Webster CRJ. It Gets Better Project. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2013;52 (6):657-659.
- **12.** Huntoon KM, McCluney CJ, Wiley EA, Scannell CA, Bruno R, Stull MJ. Self-reported evaluation of competencies and attitudes by physicians-in-training before and after a single day legislative advocacy experience. *BMC Med Educ.* 2012;12:47.
- **13.** Hearne SA. Practice-based teaching for health policy action and advocacy. *Public Health Rep.* 2008;123 Suppl 2:65-70.
- **14.** Koh S, Tyll J. Media training 101 for residents and early career psychiatrists: A hands-on, interactive experience. Paper presented at: American Psychiatric Association Annual Meeting; May , 2014, 2014; New York, NY.
- **15.** Cox LJ. The APA & Advocacy. Paper presented at: American Psychiatric Association Area 4 Council Meeting; August 2, 2014, 2014; Indianapolis, IN.
- **16.** Kapin A, Sample Ward A. *Social change any time every where: How to implement online multichannel strategies to spark advocacy, raise money, and engage your community.* San Francisco, CA: Jossey-Bass; 2013.



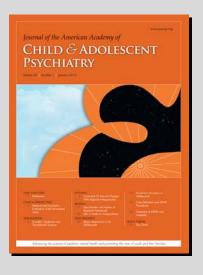
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