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# CONTINUITY AND CHANGE IN BRITISH PUBLIC SERVICE TELEVISION'S ENGAGEMENT WITH MENTAL HEALTH

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**Abstract:** This article explores factual television coverage of mental health by British public service broadcasters (PSB) from the post-war period, examining continuity and change by highlighting the range of voices given airtime, the variety of programme formats and stylistic presentation. It argues that British television has had a long commitment to educating the public about mental health, periodically examining mental health policies, and providing air-time for a range of perspectives. In addition, mental health conditions are now featured more widely, however newer factual genres emphasise experiential accounts and self-accountability over critical investigation. By situating televisual representations of mental health within a historical framework of UK broadcasting and mental health policy, it contributes to the history of health and television, demonstrating the ways in which policy, broadcasting practices and cultural constructions of mental health are interrelated.

**Keywords:** mental health, public service broadcasting, British factual television, mental health policy, representations of mental health

## 1 Introduction

Programmes tackling the topic of mental health are relatively common on British television screens – from soap operas to documentaries, news reports and pan-channel special seasons. Mental health is not a taboo subject. This article will argue that British television, and in particular public service broadcasters (PSB), have had a long commitment to public mental health education. However, there have been considerable transformations in how mental health conditions are featured within factual television, reflecting and arguably in some cases influencing changes in mental health policy, broadcasting practices, and cultural understandings of mental health.

Historically, television, along with the wider media, has been criticised for unbalanced, predominantly negative coverage associating mental health with violence and danger, adding to the continued stigmatisation of individuals with mental health conditions.<sup>1</sup> However, much of this research is based on news output, or non-UK media which, potentially ignores important differences between broadcast systems, cultural contexts and programme genres.<sup>2</sup> There is surprisingly little research that considers British television coverage of mental health in context, with the exception of

research by Vicky Long into BBC coverage of mental health in the 1950s<sup>3</sup> and a small number of works that have examined television output during the height of the implementation of de-institutionalisation of mental health residents in the late 1990s and early 2000s.<sup>4</sup>

This article adds to this under researched area by exploring continuity and change in where and how mental health has featured in British factual (non-news) television, drawing on examples of television coverage from different decades across output on PSB channels. Public service broadcasting in the UK dates back to the foundations of the British Broadcasting Corporation (BBC), set up by **Royal Charter** in 1927 as a public entity, independent from state control or commercial interests with a remit to educate, entertain and inform the public.<sup>5</sup> In practice the term is also applied to the other main terrestrial channels – Channel 4, S4C (Wales) and the commercial channels ITV, STV (Scotland), and Channel 5, which are held accountable by the state communications regulator **OFCOM** to meet public service requirements towards content and quality.<sup>6</sup> All of these channels have produced multiple mental health factual programming.

The programmes highlighted in this article cannot reflect the full history and complexity of PSB mental health television coverage in the U.K. The examples included here are a small sample selected from many interesting options sourced mainly from the **British Film Institute National Archives**,<sup>7</sup> and for more recent programmes accessed via the Universities and Colleges Film and Video Council **online viewing platform**.<sup>8</sup> Their criteria for inclusion are firstly that they were available to view (many early programmes were unobtainable) and secondly because they provide pathways into understanding representations of mental health within a historical framework of UK broadcasting and mental health policy at key points of change.

The article will highlight that British PSBs have consistently played a role in public mental health education, promoting anti-stigma messages, and interrogating the provision of mental health treatment. In addition, discussions about mental health have become common across a much wider range of genres and programme formats, with greater airtime for first-hand accounts of the experience of living with mental health conditions. However, changing production practices have led to an emphasis on experience over critical investigation, whilst competition for audiences has at times led to sensational coverage and a disproportionate focus on televisually impactful mental health conditions such as hoarding, or conditions that have celebrity endorsement. By taking a historical perspective on mental health programming, this article adds to the history of television and health by illustrating how changing televisual representations of mental health conditions are interrelated with wider practical and policy changes within both mental health provision and the broadcasting environment.

## 2 Early British Broadcasting on Mental Health – *The Hurt Mind*

The first factual television series to tackle mental health was the BBC's *The Hurt Mind* (1957), listed in the **Radio Times** (28 December, 1956) as: "A series of five weekly programmes, made with the cooperation of the medical profession, on the problems and treatment of mental illness."<sup>9</sup> The objectives stated internally for the series were to reduce public fear, encourage those in need to seek help and increase public awareness and confidence in the latest scientific treatments.<sup>10</sup> The first episode is unusual as it is predominantly pre-filmed at a psychiatric hospital, at a time when most television was broadcast live due to technical restraints and the cost of pre-recording on film.<sup>11</sup> The ensuing episodes follow the more standard format of 1950s television – a live presenter-led studio set-up with some pre-recorded telecine inserts. These episodes included discussions and demonstrations involving mainly psychiatric professionals, with pre-filmed sequences depicting different physical treatments such as insulin coma therapy and the principles of lobotomy.

The series is an early example of British broadcasters working directly with charities and mental health professionals to develop series or seasons with a targeted public mental health education agenda, in fulfilment of the BBC's public service remit. The anti-stigma message at the core of the series centred around comparing mental ill health to physical ill health and reassuring the public that mental illness was now very treatable. Thus, in the first episode 'Put Away' the presenter, Christopher Mayhew, a member of parliament, comments over footage of a young woman who is filmed at an out-patients unit:

Like most young and intelligent mental patients, this girl doesn't mind us filming her at all. She knows that she can't help her illness and it is nothing to be ashamed of, any more than any other illness.<sup>12</sup>

In doing so, the series situated mental health conditions within a firm bio-medical paradigm, emphasising medical interventions such as pharmaceutical drugs and electric compulsive therapy (ECT), with the psychiatric profession presented as providing the authoritative voice on mental health. This reflected the continuation of mental health policy and practice that sought to align psychiatric treatment with general medicine, under the auspices of the recently formed National Health Service (NHS).<sup>13</sup>

### 3 Public Service Broadcasting - Inform, Educate and Entertain

The style and aims of *The Hurt Mind* were in keeping with the aspirations established by John Reith, the first Director General of the BBC. His vision was for PSB to elevate the moral character of the people and give all members of society the resources to fully partake in the debates and decisions of the day.<sup>14</sup> Within this framework, current affairs and educational documentaries espousing the latest scientific discoveries and expert opinion were given priority.<sup>15</sup> It is possible to see how this mandate would have been a good fit with the psychiatric profession at that time, which was consolidating its position of expertise about mental distress, asserting a scientific approach to understanding and treating the biological causes of mental health conditions.<sup>16</sup>

The public service mandate to provide the British public access to a wide range of the best scientific, political and cultural perspectives left little space for the 'lay expert' in television programming of the time. Therefore, whilst some patients were interviewed, it is in the context of giving brief testimonial support to the psychiatric experts. Simon Cross argues that where individuals with first-hand experience of mental distress were featured in these early programmes, their role was limited to reinforcing psychiatric authority rather than having a true voice.<sup>17</sup> This is illustrated by the demonstration of electro-convulsive-treatment in Episode 5: 'Physical Treatments'.



Video 1. ECT demonstration in *The Hurt Mind*, Episode 5 'Physical Treatment's, BBC1, 1957.

A psychiatrist talks through the process of ECT during an enacted demonstration with a patient aimed at reassuring viewers as to the modern methods used. After the demonstration, the patient is brought on briefly to confirm that the treatment helped and was not painful before the presenter returns to his primary discussion with the psychiatrists. The patient's input is limited to affirming the dominant psychiatric viewpoint.

In choosing to focus on education and public reassurance, *The Hurt Mind* series allowed little space for questioning mental health policy or practice. Long suggests the BBC faced a dilemma between the main aims for the series of educating and reassuring the public and thereby reducing stigma, and the recognition of growing criticism of the outdated provision of care in some psychiatric institutions.<sup>18</sup> During the 1950s politicians, mental health charities, campaign groups, and the psychiatric profession itself argued for reform of psychiatric care, drawing attention to overcrowded conditions, accusations of mistreatment and wrongful detention.<sup>19</sup> Following on from a substantial parliamentary review (The Percy Commission), the 1959 Mental Health Act put into policy the principle of moving towards a predominantly community-based system of mental health provision.<sup>20</sup> In the wake of these policy changes and considerable public attention it would not be long before British PSB would be more directly questioning the state of affairs in mental health provision.

## 4 Community Care – A Very New Idea

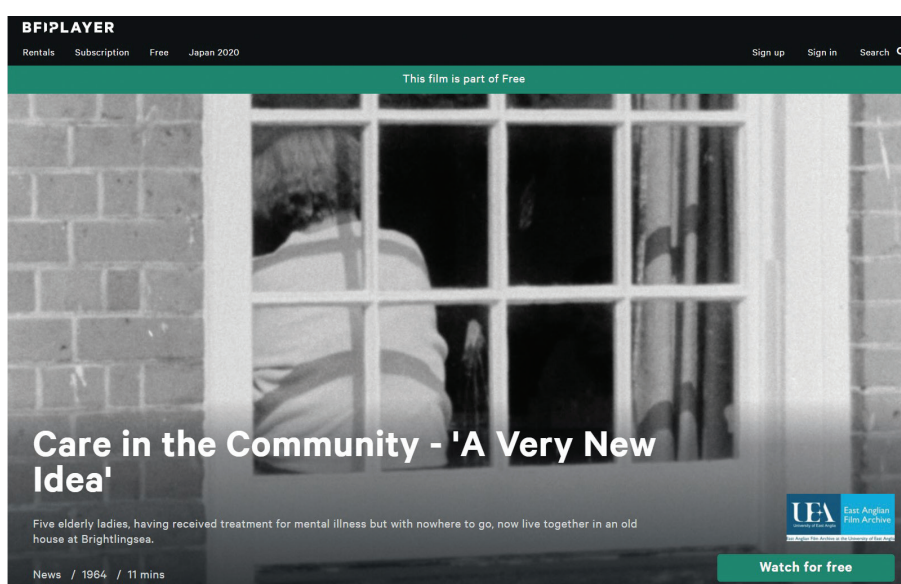


Figure 1. Screen grab of *Care in the Community* film on the BFI player website.

In 1964, a regional ITV strand *About Anglia* aired a special report entitled '*Care in the Community: A Very New Idea*'.<sup>21</sup> This 11-minute film reported what it described as a pioneering experiment by Severalls Psychiatric Hospital to support a group of older women, who were previously long-term patients at the hospital, to live in shared accommodation in a local seaside community. First the reporter discussed the problems of stigma and institutionalisation with the hospital officials, before visiting the house and interviewing the women living there, as well as a neighbour and the local vicar, who all wholeheartedly expressed their approval of the scheme.

There are significant differences in both the tone and the format of the *About Anglia* report from the earlier *Hurt Mind* series. The regional structure of the commercial ITV network at the time facilitated a substantial proportion of regionally produced programme-making, emphasising a local focus and perspective.<sup>22</sup> In addition, technological developments within television production practices in the 1960s, such as the wider adoption of 16mm film cameras and the availability of synchronised sound recording, had made it feasible to get out of the studio more readily and talk to people on the ground.<sup>23</sup> These factors are illustrated by the programme's attempts to establish opinions from the local community and the ex- patients, moving the perspective further beyond the expert view, which dominated *The*

*Hurt Mind*. A notable shift is that the reporter interviewed the women involved in some detail. In a particularly poignant exchange, one woman revealed that she had been in hospital for over three decades:

Interviewer (I): how long were you in Severalls Hospital?

Woman (W): 33 years. It's a very long time isn't it

Interviewer: it is a very long time

Woman: Very long time, it seemed endless and I thought I should never leave

Interviewer: how do you feel now that you have left?

Woman: well I think I feel much better, it's easier, it's the relaxation and you feel like you, well, in a home, at home to a large extent, it's not like being in one's home exactly, own home, but it's a great step towards that.

This short regional report did not attempt to establish why the interviewee above was in hospital for such a long time. It focussed on the positives of this local scheme, presenting it as a sign of progress. However, around this time, both the BBC and its commercial rival ITV aired more overtly critical investigations into the provision of mental health treatment. Their flagship current affairs strands, *This Week*: 'Mental illness in Great Britain' (ITV, 1964) and *Panorama* 'On mental illness' (BBC, 1966), directly addressed issues such as long term detention, conditions in psychiatric hospitals and the efficacy of a community-based treatment model. These programmes canvassed a wide range of opinions, including interviews with psychiatrists, community mental health workers, families and ex-patients. The context of these programmes was a growing commitment to current affairs output as television attempted to be taken seriously as a medium.<sup>24</sup> ITV, whilst a commercial enterprise, was held to a similar remit to that of the BBC, requiring it to provide a suitable balance of information, education and entertainment programmes.<sup>25</sup> It was heavily criticised for its populist approach in the 1962 Pilkington report into British Broadcasting and ordered to up its commitment to public service values. This saw a renewed emphasis on serious programme making and journalistic values at the channel.<sup>26</sup>



Video 2. The opening section of *World In Action*: 'Ward 13', Granada for ITV 1968.

One standout example of hard-hitting engagement with mental health provision was the 1968 ITV current affairs strand *World in Action*'s exposé of the conditions in Powick hospital. This episode, entitled 'Ward F13', painted a shocking picture of the unhygienic, overcrowded and inhumane conditions on a long-term female geriatric ward in the hospital. The edgy, raw footage, and the condemning commentary employed in the Powick exposé, were a trademark



of *World in Action*'s stylistic approach, which set out to be provocative, bold and attention grabbing. According to its first producer, Tim Hewart, the aim was to 'sock the story to 'em, baby, as hard and true as we could.'<sup>27</sup>

The programme revealed how 75 patients slept in one giant room without any privacy, showed how patients were dressed and toileted in front of each other, and distressed patients left soaked in their own urine. The programme relied on the footage to tell the story although the reporter does briefly speak to two patients, one of whom describes it as 'hell'. What is surprising about this report is that it included interviews with the chief medical attendant who was entirely frank about the terrible conditions, blaming the public for their lack of interest and the unavailability of financial support. His frank response reflects the relative ease of access that the media had to mental health settings at this time, differing exponentially from the way access to vulnerable people has become codified in the professions both in front of and behind the camera.<sup>28</sup>

In summary, British PSBs during the 1960s, and into the 1970s, periodically examined mental health policies and provided a range of perspectives on mental health treatment.<sup>29</sup> In particular, current affairs programming reflected the debate in the public arena around the state of provision in mental health hospitals and the move towards community treatment. There was also more inclusion of first-hand experiences of people who had experienced both hospital treatment and care in the community, and a continuation of attempts to normalise mental illness. In keeping with Reith's vision, PSB continued to take seriously its role to provide a forum for debate and as guardians of public standards, reminding society of its duty towards those in need of protection.

## 5 Cultural Challenges to Mental Illness

Whilst current affairs programming questioned the conditions for the treatment of long-term patients in mental hospitals, they continued to reproduce the culturally dominant narrative equating mental distress with a bio-medical model, with the psychiatric profession, whilst in need of reform, still best placed to oversee the care of the mentally 'ill'. However, within other factual genres in the 1970s and 1980s, there was also some airtime given over to alternative paradigms and voices. For example, in 1972, the BBC ran a studio debate questioning the very concept of mental illness (*Controversy: the myth of mental illness*, BBC2 1972), whilst in 1978, its magazine style self-help series featuring communities solving problems, ran a self-authored report on a social club for people with mental health conditions (*Grapevine*, BBC2 1977).

This eclectic programming may reflect that in the UK, mental health provision in the second half of the 20th century was being delivered by a multi-professional base offering a range of approaches, in parallel with psychiatry.<sup>30</sup> During this period, there were also some more radical challenges to the very idea of mental illness. A group of psychiatrists in the late 1960s including R.D. Laing and David Cooper were questioning the scientific basis of mental illness and the right of psychiatry to determine normal from abnormal behaviour.<sup>31</sup> This movement, which came to be known as 'anti-psychiatry', yielded considerable cultural influence, attracting celebrity followers and commandeering mainstream media coverage of its ideas<sup>32</sup>. In the 1970s the growing 'survivors' movement,<sup>33</sup> led by ex-patients who self-identified as having suffered abusive and inhumane treatment within the psychiatric system, added to these critiques. They began to mobilise around a desire to develop strategies to challenge the system and their lack of power.

An ideal opportunity to present a survivor's alternative narrative account of the psychiatric system was provided by the extensive mental health season aired by Channel 4 in 1986. Channel 4 was launched in 1982, representing a new model of PSB, funded by advertising but operating as a not for profit public company with a specific remit to provide distinctive programming, reaching otherwise neglected minority audiences.<sup>34</sup> At its outset the Channel experimented with form and content, challenging established production practices and providing a platform for subversive or creative

content that had been squeezed out of existing television schedules on other broadcasters under the prevailing political direction.<sup>35</sup>

This ideology can be seen very much in play in Channel 4's *Mind's Eye* mental health season. This season was distinctive in that it allowed extensive opportunities for self-representation, championing the first-hand experiences of people living with mental health conditions and allowing them to determine the narrative collaboratively. It offered a direct challenge to the dominant bio-medical model of mental illness. It was also innovative in format and style, blurring lines between genre. It included *We're Not mad, We're Angry*, a documentary-drama authored in collaboration with a group of mental health service users offering a highly personalised and political account of their views on the failures and injustice of the psychiatric system. Another of the programmes, *In the Mind's Eye* used the poetry and writings of a patient and staff writers group at Fairfields Psychiatric Hospital as the jumping off point to give the viewer a highly stylised and at times disorientating insight into their experiences.



Video 3. 'We're not mad, we're angry' a documentary-drama, Channel 4, 1986.

## 6 Consumer Choice and Scare in the Community

The arrival of Channel 4 brought opportunities for experimentation and innovation in programme-making and an emphasis on minority voices. However, its development and growth during the late 1980s and 1990s also coincided with a shift in government agenda in favour of consumer choice and competition within the broadcast industry.<sup>36</sup> This ushered in a period of significant structural reform as political conceptualisation of the role of broadcast media moved away from a public service model towards a market-driven model.<sup>37</sup> These principles were put into practice by the 1990 Broadcasting Act which reinforced competition, deregulation and consumer choice. The same period saw the growth and consolidation of satellite and cable channels, signalling the end of an era of limited competition.<sup>38</sup>

These developments engendered greater competition for revenues and audience share, and a corresponding growth of more populist content across broadcast channels.<sup>39</sup> In addition, tighter budgets combined with technological advances such as smaller cameras and digital production systems, influenced the growth of new hybrid genres involving 'ordinary people' such as docu-soap and reality TV formats.<sup>40</sup> As an example of the move towards populist content, Johnson<sup>41</sup> charts the changes in the 8-9pm slot on the BBC across this period, comparing the TV schedule in



the same week in 1984 and 1999. She notes the distinct increase in factual entertainment programmes in this slot, under which she groups docu-soaps and lifestyle programming, at the expense of current affairs and documentaries.

In parallel developments, the government was also making significant changes to its mental health agenda with the introduction of the National Health Service and Community Care Act (1990) which ramped up the government's commitment to the de-hospitalisation of mental health patients.<sup>42</sup> The implementation of this policy, widely referred to as 'care in the community' was subject to widespread criticism for the lack of government funding and support necessary for community health services to effectively manage the number of people discharged from institutions.<sup>43</sup> Simon Cross argues that a renewed emphasis on the policy of community care, in conjunction with a shift towards populist programming, ushered in a change in how mental health issues were discussed and presented on television.<sup>44</sup> On the one hand, television is implicated in stoking up public fear around the idea of dangerous patients being let loose in the community.<sup>45</sup> On the other, de-institutionalisation also opened up the possibility of better direct access to people experiencing mental distress, without the control of gatekeepers.<sup>46</sup> In addition, the move away from the paternalistic didactic approach of PSB that was centred around expert opinion, created more opportunities for individuals to speak for themselves, albeit, not always presented on an equal footing when it comes to claims of expertise.<sup>47</sup>

These points are illustrated by current affair programming in the wake of a number of high-profile tragic incidents involving ex-patients. One such case, in 1992, was the murder of Jonathan Zito who was stabbed by Christopher Clunis, a man with a complex history of involvement with psychiatric services. A number of programmes critically examined the perceived failures of community care in the aftermath of this case, with the approaches taken reflecting the changing production culture of the time. Therefore, *Dispatches*: 'Jayne's Journey' (C4, 1993) went for a personal angle, following the bereaved fiancée of Jonathan Zito on a quest for answers; whilst *Disguises* 'A Place of Safety' (ITV, 1993) employed a sensationalist tone and production elements with reporter Adam Holloway going undercover, impersonating a homeless person with schizophrenia in an attempt to see what it takes to get help. Despite the good intentions and sympathetic angle of *Disguises*, Cross offers a strong critique, arguing Holloway's portrayal of a 'crazy' person in the street reinforces negative stereotypes of madness as 'other'.<sup>48</sup>



Video 4. Part two of *Disguises*: 'A Place of Safety', ITV 1993.

The focus on the failings of the new community system reaffirmed a bio-medical paradigm for understanding mental health conditions. The message was these people were ill and not getting the treatment they needed in the community. The negative media coverage of community care at this time has been linked to controversial shifts in government policy towards more coercive treatment measures.<sup>49</sup>

Whilst much television coverage was inflammatory and sensationalist, there were noticeable attempts to include the perspectives of people with first-hand experience of the mental health system, both within debates and also through occasional authored accounts. For example in *Shabby Treatment* (C4, 1995), an ex-psychiatric patient went undercover to investigate community care. In addition, Cross and Birch both highlight a BBC *Video Diaries* production which gave a highly-personalised and authored account of a young black woman's experience of living with schizophrenia ('Mad, Sad or Bad', BBC 1994). The video diary documentary format, enabled by the availability of lightweight handycams and digital production,<sup>50</sup> handed control of the filming and editing over to the central participants.<sup>51</sup> In 'Mad, Sad or Bad', the central subject, Sharon, delivered a complex portrayal of living with schizophrenia that covers issues such as medication, labelling and stereotypes and the experience of hearing voices. This documentary therefore allowed space for the first-hand experience of mental distress, as well as the opportunity to engage with critical questions around the social and political contexts engendering that experience.<sup>52</sup>

## 7 The Rise of Therapy TV

The appropriateness of community care for the treatment of severe mental health conditions was not the sole focus of TV coverage of mental health during the 1990s. Mental health was no longer a topic solely for journalistic or scientific investigation, but was also becoming the domain of more populist formats such as talk shows and chat shows, with a growing trend in programming across different genres featuring therapy or therapists offering advice or support on a range of psychological problems. In this vein, eating disorders became a topic for daytime talk television, with shows like *Trisha* (ITV 1998-2004), whilst on *The Enemy Within* (BBC2, 1995), famous actors and media personalities took to the couch to discuss their personal struggles with mental health with psychiatrist and broadcaster Dr Anthony Clare. Therapy was also the focus of documentaries, with a six-part series that took viewers inside the therapy room of the psychotherapist in *The Talking Cure* (C4, 1999).<sup>53</sup>

These new genres and media representations put emphasis on individual experiential accounts and personal accountability for wellbeing over critical engagement with the social and political context of mental health issues.<sup>54</sup> There was a greater emphasis on entertainment and revelation, exemplified in the sensational and confrontational way that talk shows claimed to tackle people's problems, in the illusion of privileged access to celebratory secrets, and in the voyeuristic intimacy of the therapist setting. This programming marked a division in how television represented different types of mental health conditions. Severe mental illness was still being presented as problematic, threatening and in need of medical solutions. However, there was growing coverage of a broader range of other kinds or contexts of mental distress, which were presented as more acceptable and treated more sympathetically. These included anxiety and phobias, or mental health conditions that came with celebrity endorsement,<sup>55</sup> and problems that can be helped by on-screen TV experts.<sup>56</sup>

These changes in how British PSBs were covering the issue of mental health was epitomised by the arrival of a new breed of factual TV series about mental health that involve members of the public (i.e. non-celebrities) taking part in 'tailored for television' interventions with a presented aim of making a positive difference to their mental health and wellbeing.



Figure 2. Screen grab of promo for House of Obsessive Compulsives on Monkey Kingdom website.

The first series of this kind tackling mental health was **The House of Obsessive Compulsives** (Channel 4, 2005). This two-part series brought three people with obsessive compulsive disorder together in a house for intensive cognitive behavioural therapy (with exposure response prevention) led by a therapy team from the NHS Maudsley Hospital's Centre for Anxiety Disorders and Trauma. A review in the *British Medical Journal* by a psychiatrist illustrated how this show was seen as taking elements of *Big Brother*<sup>57</sup> and applying them to a serious subject matter:

The title of this show suggests the coming together of Big Brother *and* Hammer House of Horror. This is a pity as the subject, obsessive compulsive disorder, and the three hapless sufferers, their partners, and the therapists involved deserved better.<sup>58</sup>

The review concluded that in spite of first impressions the series 'was a fine stab at enlightened educational entertainment'.<sup>59</sup> This illustrates a key feature of this shift in approach to making programmes about mental health. Whilst there often remained an expressed educational element in keeping with public service values, the packaging of the message had changed considerably and is evidence of the blurring of genre conventions, in this case combining a serious issue with the "will they, won't they succeed?" premise of reality gameshows and the high drama of soap-opera.<sup>60</sup>

This hybridity of genre values was even more apparent in some of the series that have followed such as *The Panic Room* (BBC3, 2007) addressing phobias, and *Freaky Eaters* (BBC3, 2007-2009), which featured people with extreme restrictive diets. Both these series featured elements of cognitive behavioural and exposure therapy and included some footage of the on-screen psychologists attempting to draw out the affective and cognitive underpinnings of the TV contributors' problems. However, the central lynchpin of these programmes was the attention-grabbing, constructed stage pieces that take the intervention into very different territory from conventional therapeutic practices. In *The Panic Room* this consisted of an enclosed room with wall high TV screens playing video images of their worst fears. In *Freaky Eaters*, participants were presented with visual shock gags representing their dietary intake such as trails of sausages and a paddling pool of cooking fat. These scenes bring to mind the staged sets of reality TV or even the theatricals of live entertainment shows.<sup>61</sup>

In summary, *The House of Obsessive Compulsives*, which was followed the year after by *The House of Agoraphobics* opened the way for addressing mental health issues in a different way, going beyond documenting the experience of

the TV participants involved, to actually placing them in an immersive experience, akin to other reality formats. In this sense, these programmes go further than the remit of documentaries and current affairs and share stylistic conventions with other genres - such as a constructed element that is synonymous with reality TV<sup>62</sup> and a narrative of expert intervention and transformation that is the bread and butter of lifestyle and makeover shows.<sup>63</sup> In the last decade, formatted series have continued to feature participants taking part in interventions addressing a range of mental health conditions including obsessive compulsive disorder (**BBC3: *Extreme OCD Camp***), phobias (**BBC1: *Vertigo***), and hoarding (**ITV: *Call the Cleaners***).

For some this might represent a dumbing down of serious documentary values.<sup>64</sup> These series fail to critically engage at a social or political level with mental health issues, and instead focus solely on individual experience and interventions.<sup>65</sup> The counter-argument is that these attention-grabbing formats opened up discussion around mental health to a wider audience and by providing a platform for first-hand stories, have the potential to promote empathy and dispel stigma.

## 8 Conclusions

Since the broadcast of *The Hurt Mind* in 1957, it is possible to see the continued influence of a public service remit in UK factual television's consistent efforts to inform and educate the public about mental health. PSBs have regularly worked with mental health charities and professionals to engage in mental health promotion, with continuity from early programmes onwards of anti-stigma messaging that has generally reinforced the culturally dominant bio-medical model of mental illness. However, they have periodically provided screen time for alternative paradigms for understanding mental distress as well as critically examining mental health policies at key points of change and debate.

The format and content of mental health programming has changed significantly across time. In comparison to earlier broadcasting, there are now greater opportunities for individuals to share their first-hand experiences of mental health conditions. In addition, mental health issues can now be found across a broader spectrum of programming from lifestyle and talk shows to celebrity-led documentaries. In part this reflects (and has arguably contributed to) greater public acceptance of mental health conditions and the lessening of taboo for the discussion of mental health in public and personal life.<sup>66</sup>

An increasingly competitive marketplace and changing production practices have engendered new factual approaches to mental health programming, with formats emphasising immersive personal journeys and 'expert' intervention over critical scrutiny into the social or political frameworks that perpetuate mental health conditions. There is greater emphasis on mental health conditions that provide dramatic and voyeuristic appeal such as hoarding.<sup>67</sup> The use of shock visuals in these programmes to titillate viewers can perpetuate an 'us' and 'them' divide in a similar way to earlier portrayals such as the caricature of schizophrenia in *Disguises: 'A Place of Safety'*.<sup>68</sup>

More recently mental health has become very high on the public health agenda. There has been renewed attention on appropriate funding for services in the face of increased demand for support<sup>69</sup> and a government review into compulsive treatment.<sup>70</sup> Prominent public health campaigns have addressed stigma, directly targeted media output.<sup>71</sup> This current interest is reflected in the range and scope of television output on the subject. In 2019, the campaigning mental health charity Mind reported receiving hundreds of high quality entries on their website for their annual **media awards**, which recognises positive portrayals of mental health.<sup>72</sup> The television factual shortlist included a wide range of mental health conditions and first-hand perspectives including the England football team discussing their struggles with mental health, an investigation into the provision of mental health services for children and young people, and an insider perspective on an adult mental health unit.

This extensive variety of programming illustrates how PSBs continue to play an important role in cultural dialogue about mental health, reflecting and adding to contemporary discussions about treatment, aetiology and conceptualisations of mental health conditions at key points of public debate.

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## Biography

Hannah Selby is a PhD candidate at the University of Brighton, funded by the UK ESRC South Coast Doctoral Training Partnership. Her research is investigating the psychological outcomes for television participants who feature in mental health interventions within factual television programmes. The aim is to better understand what makes participation successful, and what the challenges may be. Prior to this she spent 12 years working in U.K factual television production - filming skin graft operations, daredevils jumping out of balloons, and parenting interventions amongst other things.