


Are we exploiting vulnerable people when we watch their lives unravel on tv?
Catherine Jackson reports

Playing it for real



I agreed because people should know how hard it is to beat the addiction, and I thought perhaps I could help other people by showing them the mess I was in, and help me as well by showing me how bad I had gotten.' Vanda Easdown is one of four people with severe alcohol problems who agreed to take part in Paul Watson's documentary *Rain in My Heart*, broadcast on BBC 2 last year and now shortlisted for a Mental Health Media award. Watson followed his subjects from hospital, where they were being treated for severe liver problems, into the community, where they struggled and failed to manage without alcohol, and back to hospital again. Two of them died during the course of the filming. Vanda is alive – incredibly, given that she has since broken both hips and had double pneumonia, on top of all her other problems, and is still drinking.

It is sometimes argued that this style of documentary, where the tv camera goes into people's lives and homes and follows them relentlessly through their personal tragedies, is intrusive, exploitative, and voyeuristic. The approach is criticised for using already vulnerable and exploited people as 'entertainment'.

These are the issues with which the judges choosing this year's Mental Health Media Awards winners have had to grapple, given that three of the four entries to the

tv documentary category have adopted this so-called fly-on-the-wall format, as has one entry for the young people's media category. The awards are intended to recognise tv, radio and print excellence in covering mental health issues, and the degree to which they illuminate or exploit is often key to a programme's making it onto the shortlist. In addition to *Rain in My Heart*, there's Jonathan Goodman Levitt's film *Sunny Intervals and Showers* (BBC 4), which follows Allan Levi, his wife Jackie and their family as they try to live with Allan's bipolar disorder, and *Help Me Help My Child*, commissioned by Channel 4, which profiles two families attending the specialist OCD clinic for children and adolescents at the Maudsley Hospital in London. *I'm a Child Anorexic* (BBC 3), entered in the young people's media category, films the tough treatment regime at the Rhodes Farm private clinic in north London for young women with eating disorders.

'I hated the film – absolutely detested it because I am looking at someone who is not me, but is me,' says Vanda now. 'I have watched it three times and I cried all the way through it. I felt sad for the people who died, and I felt disgusted with myself that I had relapsed after all I said.' But she does not regret doing it, and nor does she feel exploited. 'Paul caught me on an off day,' she

photos: Anna Pustovaya and Andrey Zyki/Stockphoto.com

says of her on-camera revelation that she had been physically and sexually abused by her father, who was himself alcoholic. 'I had been drinking, and I thought I will just tell him. I knew the camera was on me all the time and that it would be going out to the nation, but Paul built up a strong relationship with me... I told him, if you have got it on film then you can use it. I had the authority to say to him no, don't use it, but I never said that because I didn't see anything wrong with it.'

Paul Watson, who also made Malcolm and Barbara: Love's Farewell, the story of Malcolm Pointon's 11 years dying from Alzheimer's, which became caught up in the recent controversy over tv 'fakery', admits readily to the possibility of exploitation in his work. But, he argues back: 'The screens are full of experts telling us about other people. Ordinary people never get asked for their experiences. I say, let the ordinary people, the experts, tell us about themselves.'

He says he can spend years building relationships with his subjects, getting to know them, winning their trust, and that he continues to see them when the filming is over. 'I worry that people feel they have to perform more for me so I will come and see them more often. But who are we to say people suffering from alcoholism haven't the right when sober to determine what they do? What they said came out of their own moment of choosing. If the time was not right, things weren't discussed.'

Jonathan Goodman Levitt argues that the 'fly-on-the-wall' approach is far more effective in transmitting a message than 'talking heads' – in the same way that mental health education is known to work best when delivered by someone with first hand experience. 'A lot of programme makers subscribe to the approach where you have other people telling us the facts and figures. I think for people really to be invested in these issues and to care about them – people who aren't already interested, and don't have first hand experience in their personal life – they need to have second hand experience from viewing it from the outside. We can get people's emotions invested in the film to the point that they care, and if they care they might then do some research, might read articles that can do a better job of teaching them facts and figures. The emotional aspect is something film does very well.'

Far from being popular with tv executives and programme makers, he says this approach is considered high risk, because it costs more, financially and emotionally. 'I made a real commitment to be around. I met Allan [Levi] in early 2000, so it has been a long time. I met them and got to know them long before filming took place,' he says. 'It's not cost-effective and it is more draining and involving and all-consuming compared to a film about lots of different people's experiences of manic depression.'

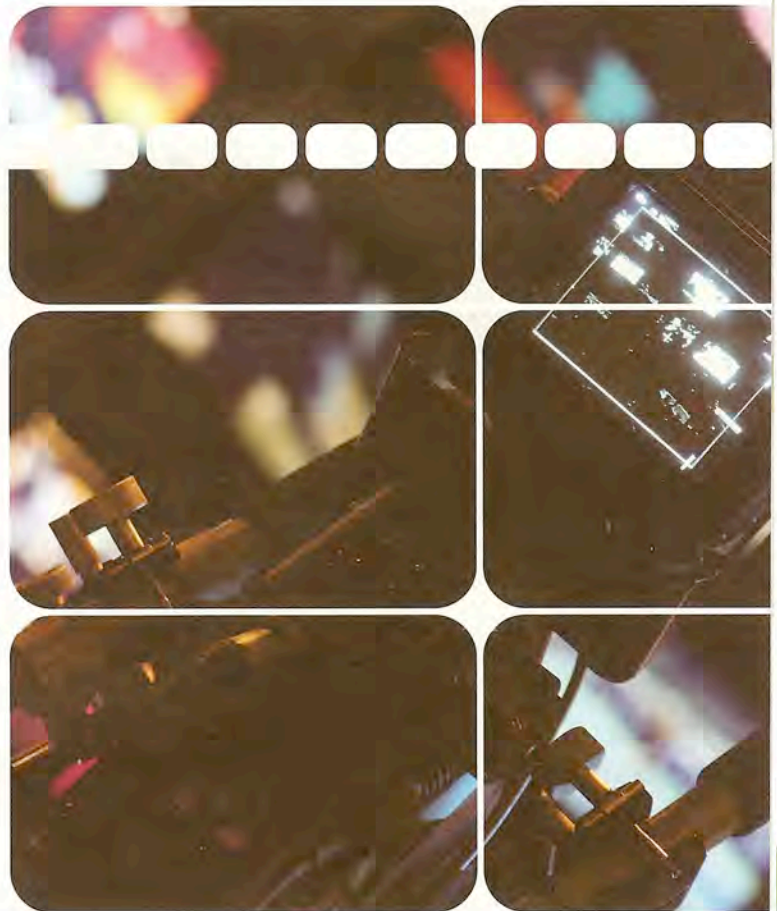
When the programme concerns children, the stakes are raised still higher. Page Shepherd managed not only to persuade the young people's OCD clinic at the Maudsley Hospital in south London to let her film two of the families receiving treatment; she also persuaded Channel 4 to risk investing in a programme that might never come out. 'It was nerve-wracking,' she admits. 'Normally it takes three months to make this kind of programme. It took me 18 months to make two films, which in production terms is an awfully long time. It was

an enormous undertaking for Channel 4. They funded eight months of research, but also faced the prospect of the programme being pulled because our contract with the clinic gave them the absolute right of veto.'

'I had to become part of the medical team. I spent months meeting families, talking to them, getting to know them so they trusted me and were willing to let me film their child. It's a big decision for a family, letting a child appear on national tv going through this difficult time, but the only way the viewer will understand is to live with the child, so to speak, and if people are brave enough to say, this happened to me, it has a lot of power in making people more aware and sympathetic to people who have these conditions.'

Shepherd knows of what she speaks: her younger brother became ill with schizophrenia when he was 16, and is still receiving treatment. 'I feel the general public thinks mental health problems happen to other people. You would never discuss mental health problems in the family in the way you would discuss any other condition, and I wanted to say it does happen and there are some really good treatments and people won't know about them or take their child to seek help unless it is discussed in a way that shows it's ok.'

Sarah Waldron spent four and a half months, five and sometimes six days a week, filming the teenage girls being treated for severe anorexia at Rhodes Farm →



→ clinic in north London. The girls were, she says, very keen to be involved, because they wanted people to know the truth about the condition. 'They were irate about the way the media portrayed anorexia as being all about dieting and wanting to be size zero. So I said, if I make a programme, you tell me what should be in it.'

'It's quite scary working with children. They are only children, so you sort of edit as you go along, because you want to protect them,' Waldron says. 'They were almost too obliging. I had to self-regulate, and double check, because they were so trusting. If they wanted to us to stop filming we did. I said to them, you are totally in control and if you say stop, we will stop.'

That said, she admits she had to place certain limits on their control of the programme's content. 'One of the girls had a real problem with being filmed eating. I felt if I agreed to that there would be a whole load of other things they would say no to, and then the film would not have been honest. I said I needed a certain level of involvement to make it work. She wanted to be in it desperately, and I agreed I would only show her eating twice. They were self-selecting children who wanted to be filmed.'

Bryony (she didn't want to use her full name) was 12 when the Rhodes Farm film was made. She is 13 now, and still doing well at home. 'People think anorexia is the same for everyone, that you think you are fat and start

to lose weight, and it's to do with models and the media. That was nothing to do with why I got ill. It was family stuff. The thing is, it's different for each individual, and I wanted people to understand it more,' she says. 'When I first got asked I didn't think about what other people would say, and afterwards I was a bit, oh my god, I'm going to be on tv. But it wasn't like it was BBC 1 or anything,' she points out, disarmingly.

Her mother Jackie has no regrets about agreeing that her daughter should take part. 'Sarah came across as being absolutely genuine. I didn't sense she wanted to dwell on the trauma and sensationalise it. She wanted to make a programme that would serve a purpose as well as making a film.'

She was also keen that Bryony should have the chance to give her views about anorexia. 'She wanted to put across that you can get better from this, and it was part of her drive to get better, because everyone was saying it's for life; you can't get rid of it, and her conviction came across in the film. I thought it was a good and useful, therapeutic thing for her to do – it was another avenue to talk about what she was going through and think about what was happening for her.'

'I would like to think the film was being used to train people. Everyone has heard of anorexia, but I don't think many really understand it. There is still stigma attached to mental health. People are still frightened of it.' ■

Time to open the door

Isobel Heyman is a consultant child and adolescent psychiatrist who heads up the young people's OCD clinic at the Maudsley hospital – the first such specialist clinic in the UK. Why did she agree to let the cameras in to film *Help me Help My Child*?

'Right from when we first set up the clinic we were bombarded with requests from the media and I had pretty consistently said no to most contacts, other than a few magazine pieces. Two things made me agree. One was that I really felt that this particular mental health problem, OCD, and child mental health in general, needed to be put out in the open a bit more. I work at Great Ormond Street Hospital as well, and barely a day passes without tv cameras following a child around. We are very comfortable allowing the media to film children with physical conditions. I felt that it would help break down the stigma around mental health, and by declining to do media work, it was adding to the stigma.'

'The second reason was that I felt that Page [the producer/ director of the programme] was very committed to making an informative and non-sensationalist film and to show recovery, if we could achieve it, and a positive story, if we could capture that. She genuinely had the interests of the children and families at the core of what she was doing. We had absolute right of veto, but I knew it would work because I trusted Page to make a good film. What I was most pleased about was that it was really rather ordinary. It could have been asthma or diabetes. I felt it was normalised as much as it possibly could be.'

'I think, if you can use the media well, it helps in the process of patients taking charge of their illness. Families say, when we saw the film we realised the child has to do things to get better. It helped get across that CBT is a very active therapy for the children and the parents.'

Her other concern was the reaction of colleagues: 'One doesn't want one's colleagues to think you are publicising your work, or trying to advantage the service, or to think you're an awful therapist. But I think colleagues really felt it was a good thing to be doing for child mental health, and it was time to open the door and allow people to see what we do.'

The winners of this year's Mental Health Media awards will be announced on 10 October, on World Mental Health Day