

A STUDY OF NEWS RELEASE PRACTICES
BY STATE MENTAL HOSPITALS AND GUIDANCE CENTERS OF KANSAS

by 4589

ELIZABETH JANET OHLEMEIER

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INTRODUCTION

A powerful influence on what the general public feels and believes is commonly thought to be exerted by the media of mass communications.¹ Because the mass media are concerned with relating information to the public and are a means through which opinions and attitudes are formed, the use of the media is imperative to the acceptance of the policies and goals of mental health facilities; especially with regard to the acceptance of mental patients in the community.

A study of popular conceptions about mental health, conducted in 1959, reflects the results of several studies in this area. It found that "the average man is not misinformed about mental health, rather he is uninformed," and that laymen and the general medical practitioner tend to regard the mentally ill as dangerous, unintelligent, and unpredictable.² The media of newspapers and radio and television stations can be used to help remedy those conditions.

The field of mental health information as an organized attempt³ to provide the media with a regular flow of news items is quite new. However, news of psychiatry and mental illness began appearing in the American press in the latter part of the last century in the form of exposes.⁴ Reinforcing a theme frequently sounded, Everette E. Dennis, director of the Mental Health Mass Communications Program at Kansas State University, Manhattan, Kansas, wrote in a report concerning the development of a regional mental health information-education program in Illinois that one of the goals of a public information office should be to encourage a continuing effort to initiate news and information about mental health

facilities for the news media, specialized publications and other
channels of communication.⁵

The following study examined the development and dissemination of news releases to the mass media by three state mental hospitals and nineteen of the twenty-five guidance centers in Kansas as well as an assessment of mass media usage of the news releases.

Purpose

The purpose of the study was to: (1) report on the current public information programs conducted by the state mental hospitals and guidance centers in Kansas through the use of news releases to the mass media; (2) determine which media in particular geographic locations received the news releases; (3) obtain an assessment from the mental hospitals and guidance centers of Kansas of their ability to get the mass media to use the news releases; (4) determine whether or not the mental hospitals and guidance centers had a policy established pertaining to news releases of untoward incidents such as riotous conduct, accidents, fires, patients leaving without permission, patient deaths, and other unfortunate incidents, and (5) solicit additional comments from the mental hospitals and guidance centers concerning their news releases and usage.

The relevance of this study to the field of journalism lies in the fact that the dissemination of information by news releases from state mental hospitals and guidance centers to the mass media is inherent in the total process of mass communications. More specifically, the author was concerned with the dissemination of news releases of mental health information. The gathering, writing, distributing, and reporting of information are functions of mass communication.

It is believed that the accumulation of such knowledge would be

beneficial to persons currently working in the public information offices of Kansas mental hospitals and guidance centers and to those persons concerned about the mental health mass communications field.

Problem

The problem of the study was to assess the nature, extent, and effectiveness of news releases from the mental hospitals and guidance centers in Kansas. The objectives were to: (1) collect self evaluation data from the public information offices of the mental hospitals and guidance centers in Kansas regarding their news releases; (2) identify the media that received the news releases and to determine the geographical location of the individual members of the media which received the news releases; (3) evaluate information concerning the preparation, distribution, and usage of the news releases by the mass media, and (4) present these findings in a useful manner.

Specifically, the study was seeking to collect and analyze the following information:

1. Concerning the news releases of the mental hospitals and guidance centers of Kansas:
 - a. On the average, how many news releases during a week's time were written and distributed to the mass media?
 - b. Who was in charge of writing the news releases and distributing those releases to the mass media?
 - c. How often were the news releases sent to the mass media?
 - d. What newspapers in Kansas received the news releases?
 - e. What radio and television stations in Kansas received the news releases?

- f. Were news releases on the same subject prepared differently for newspapers than for radio and television stations?
 - g. Were photographs, tape recordings and/or motion picture film sent to the mass media?
 - h. How did the public information office and/or officer assess its ability to get the mass media to use the news releases?
- 2. Concerning the mass media which received the news releases:
 - a. Where were the newspapers and broadcasting stations located?
 - b. What areas of Kansas did not receive news releases from either state mental hospitals or guidance centers which answered the questionnaire?
- 3. Concerning the policies of the mental hospitals and guidance centers:
 - a. Did they have a policy established for handling untoward incidents?
 - b. If such a policy existed, what was it?
 - c. Were there any other comments concerning the news releases and their use by the mass media?

Procedure

Since the purpose of this study was to examine news releases as an aspect of the public information programs conducted by the state mental hospitals and guidance centers of Kansas, it was necessary to obtain an updated listing of the existing mental health facilities in the state.

Names and addresses of the three state mental hospitals and the twenty-five guidance centers in Kansas were obtained from the Division of Institutional Management, State Department of Social Welfare, Topeka, Kansas.

It was determined that a mailed questionnaire would serve the needs of the study better than other methods of collecting information. Geographical dispersion of respondents eliminated the personal interview method because of time and costs. A letter requesting open-end information, as a method, was eliminated since the resulting information would have been difficult to tabulate because of the widely divergent data and would not necessarily produce responses in keeping with the study's purpose.

Since the questionnaire was the tool used in gathering the data, extra care was taken to follow Pauline Young's advice:

...questionnaires...are good because they are as brief as is consistent with complete understanding of the data desired; they are important enough to be sent to important and busy people; they use the language and the definitions of units and terms with which the average person is familiar; the possibility for multiple interpretations are few; a minimum of time and effort is required for filling out these questionnaires; a maximum of checking or underscoring of replies is possible; factual data rather than estimates or opinion are requested; the data are logically grouped.⁶

In consideration of the purpose of the study, a two-page questionnaire and cover letter (found in Appendices A and B, respectively) were designed by the author. Since the author was residing in Hartford, Connecticut, during the time the questionnaire was composed, Robert Vaahn, director of information for Connecticut Valley Hospital, Middleton, Connecticut, served as a respondent in the pilot study of the questionnaire and cover letter. Vaahn was actively involved in preparing news releases for the mass media in Connecticut and thus provided a person similar to

those to which the questionnaires were mailed.

Also consulted were Irving Kravsow, city editor, and David Rhineland, award-winning science writer for The Hartford Courant, Hartford, Connecticut. Kravsow and Rhineland were consulted because of their experiences in working with the news releases from mental health facilities.

In the meetings with the before mentioned men, the questionnaire was discussed as to organization and phrasing of questions for clarity. Vaahn suggested the author emphasize that the information gathered would be kept in confidence as to source. Kravsow stressed the importance of leaving a blank space or line with each question to allow the respondent an opportunity to give a different answer or provide additional comment.

The questionnaire, with cover letter and a stamped return-addressed envelope, were mailed from Hartford, Connecticut, on April 23, 1970.

Completed questionnaires were returned by all three state mental hospitals and nineteen of the twenty-five guidance centers in Kansas. A list of those state mental hospitals and guidance centers which returned questionnaires can be found in Appendix C.

From the data and comments obtained from the mental hospitals and guidance centers which returned the questionnaires, maps and tables were prepared to aid in reporting the results of the study.

Definitions of Terms

For clarity in this study, the following are definitions of terms used:

GUIDANCE CENTERS--the Kansas Community Mental Health Centers which were listed by the Division of Institutional Management, State Department of Social Welfare, Topeka, Kansas.

MASS MEDIA--the radio, television, and newspapers (weekly and daily) which were located in the state of Kansas and received news releases from the Kansas mental hospitals and guidance centers. The media located in Kansas City, Missouri, were also used in the study because of their information services to the residents of Kansas City, Kansas.

MENTAL HEALTH INFORMATION--materials provided by mental health facilities as an organized attempt to provide the mass media with news items.

NEWS RELEASES--the materials written and distributed by the public information offices and/or officers at the state mental hospitals and guidance centers in Kansas for use by the mass media.

PUBLIC INFORMATION OFFICES--the offices at the state mental hospitals in Kansas and the guidance centers which disseminated news releases to the mass media.

STATE MENTAL HOSPITALS--the three Kansas state mental hospitals located at Osawatomie, Topeka, and Larned which were supported by the state.

UNTOWARD INCIDENTS--situations which are difficult to guide or manage, such as riotous conduct, accidents, fires, patients leaving without permission, patient death, and other unfortunate incidents.

REVIEW OF LITERATURE

Introduction

Since this study pertained to news releases of the public information programs of the state mental hospitals and guidance centers of Kansas and the use of those news releases by the mass media, background information concerning the following areas was collected: brief history of the Kansas mental hospitals and guidance centers; purpose of public relations in mental health and the importance of mass media; duties of the public relations person; publics for mental health informational programs; mental health practitioners and the mass media; conflict between mass media and mental health facilities, and comments by the mass media concerning mental health information.

Kansas State Mental Hospitals

There were three state mental hospitals in Kansas, geographically dispersed to provide mental health care to the people living in the 105 counties of the state. The locations of the mental hospitals and the areas of Kansas which they served are shown on a map in Appendix D.

The first state mental hospital was created in 1863, when the Kansas state legislature passed an act for the purchase of a tract of land near Osawatomie for a "state insane asylum."⁷ On November 5, 1866, the⁸ first patient was admitted to the Osawatomie State Hospital.

Topeka State Hospital, Topeka, was opened in 1879 for the treatment and care of the mentally ill,⁹ and the Larned State Hospital, Larned,¹⁰ was opened in 1914.

Guidance Centers of Kansas

There were twenty-five community mental health centers operating in Kansas at the time of this study.

The movement toward community based out-patient services developed in response to the need of continuity in the services of mental health. The arrival of comprehensive mental health centers has served to begin closing the gap which existed between mental hospitalization and highly expensive forms of private treatment by private psychiatrists and the like. Until this time, hospitalization or private treatment had been the primary sources of help for the mentally ill.

Four centers in Kansas were offering comprehensive services. The centers were located at Newton, Hays, Arkansas City, and Topeka.¹² Two more comprehensive centers have been approved. They were in Kansas City and Overland Park.¹³ Architects were working on construction plans for both of these centers and program plans have been approved for the time when they will be in operation.

Comprehensive centers are obligated to furnish five services: out-patient services, in-patient services, emergency services, partial hospitalization,¹⁴ and consultation and education.

A complete listing of the guidance centers, their locations, counties served, and the population of the counties served can be found in Appendix E.

Purposes of Public Relations in Mental Health and Importance of Mass Media

Dr. Harold P. Halper, National Institute of Mental Health, has urged mental health planners and administrators to capitalize on gains made in obtaining a favorable attitude from the public, stating:

The culture is now in a state of transition with regard to mental illness. Changes in attitudes that people express publicly generally provide changes in felt attitudes and attitudes on which their actions are predicted. A key goal of present day mental health program planning and administration must be to capitalize on the gains made thus far and to develop specific public relations objectives around which to mobilize, direct, and activate these general favorable attitudes.¹⁵

There are many aspects of institutional public relations to consider.¹⁶ Dr. Paul Hoch, Commissioner of Mental Hygiene, New York, has summarized the public relations functions into four parts: (1) relations with patients (or prospective patients) and their families; (2) relations with agencies and organizations in the community; (3) relations with the general public in the community, and (4) press relations.¹⁷

These public relations functions are interrelated, according to Hoch, and the press both reflects and influences them.¹⁸

Louis F. Moore, public education officer for Pineland Hospital and Training Center in Maine, wrote:

It is an established fact that a successful program of care, treatment and rehabilitation in a mental hospital can never be accomplished satisfactorily without the help and cooperation of the press.¹⁹

Trends toward basing mental health facilities in the community closer to where people live and work and the change in emphasis to viewing mental illness in terms of social malfunction have in turn altered the professional awareness of the importance of community attitudes about mental illness, the mentally ill person and those who treat him.²⁰

For the purpose of this study, care was taken to focus upon the mass media and/or press relations of mental health facilities.

Duties of Public Relations Officer

As with business or other organizations, it takes an aggressive, determined, sincere, and knowledgeable professional public relations officer to do the job well.²¹ Superintendents, doctors, educators, and nonprofessional staff members cannot be expected to know the people, or²² have the training to get the help and cooperation desired.

The mental health program administrator is often in charge of public relations for a mental health facility. The number and variety of factors in effective public relations pose a great problem for him. A director rarely has the time or the experience to do the job properly, thus the skilled public information specialist offers the mental health agency specialized communications skills and experience.²³

Public relations people must meet and get to know personally the state and city editors of the daily and weekly newspapers, those on the make-up and copy desks, in the Associated Press and United Press International newsrooms, the political writers, photographers, correspondents,²⁴ and become familiar with the libraries or morgues of the newspapers. Feature writers, police reporters, promotion people, women's page editors and writers, columnists, and sports writers are all important people to²⁵ the public relations officer.

An organization can be said to have a successful public relations program when it has identified, informed, and motivated in its interest all persons who can make a significant contribution to the success of its avowed mission.²⁶

Publics for Mental Health Informational Programs

The target audiences to which the public relations person must address himself may be classified as: (1) supporting public, (2) operating

public, (3) receiving public, and (4) general public.²⁷

Within the supporting public are political authorities, legislative bodies and other supporting groups.²⁸ They must understand the goals and rational of the mental health program in order that the facility may compete for support with other socially useful and financially needy programs.²⁹ Taxpayers and voters may be referred to as members of the general public and seen as a very important part of the supporting public,³⁰ as are the local opinion molders who make up the community power structure.

Halpert, of the National Institute of Mental Health, emphasized the importance of the mass media in reaching the key members of the public:

...it is important to remember that the mass communications media are a key segment of the power structure...Because they address themselves to the general public, it is easy to overlook the fact that the mass media influence opinions of the people who influence the opinions of others.³¹

Studies have shown that the more influential members of a community are those who also are exposed to the formal media of communications and tend to act as mediators.³² In effect, these persons reinforce the media.³³

Halpert also cautioned against ignoring the importance of the mass media, stating:

Setting the mass media apart from the complex of elements and individuals that make up the power structure of a community is an artificial dichotomy, and one that can hamstring efforts to inform the public.³⁴

The operating public is composed of a variety of specialized professional disciplines in the field and employees from clinical staff to maintenance.³⁵ The operating public also includes the many outside groups and organizations with which the mental health program must work.³⁶ Clear communications is essential to needed cooperation.³⁷

Recipients and potential recipients of services and their families

are termed as members of the receiving public.³⁸ Information telling
the availability of services must be communicated to them.³⁹

The general public can be subdivided into special interest groups such as civic service, volunteer organizations, mental health associations, women's groups, fraternal organizations, church, and various denominational groups,⁴⁰ industry, and labor.

Surveys conducted have indicated that younger people have more enlightened opinions about mental illness.⁴¹ This may be contributed to a greater emphasis on mental health and psychology in school curriculums during recent years.⁴²

As Halpert wrote:

The broad national analysis of popular thinking about mental illness, conducted by the National Opinion Research Center in 1950, revealed a high correlation between exposure to information about mental illness, whether through books, lectures, or mass media and "correctness" of opinions as suggested by professional standards. At every educational level, people who derived information from a greater number and variety of information sources were more knowledgeable than their educational peers.⁴³

Mental Health Practitioners and Mass Media

Although the attitudes of psychiatrists are changing concerning the importance and the urgency of giving the public through the mass media a better understanding of mental health problems, some reluctance still exists.⁴⁴

The attitudes of the psychiatrist's colleagues has a tremendous impact on his reaction to having his name or picture in the lay press, and he is sensitive to the reaction of his fellow physicians.⁴⁵

The mass media have pointed out that the popular interest in emotional problems and the need for help focus attention on the psychiatrist.⁴⁶

Arthur Snider, science editor of the Chicago Daily News, told a mental health mass media conference at Kansas State University:

...there is a growing group (psychiatrists) that concludes more is to be gained than lost in establishing good relations with the press. These physicians believe the best way to encourage dissemination of authentic information is to keep working with and educating the press. In this group are to be found many of the leaders of psychiatry on both national and local levels.⁴⁷

Conflict Between Mass Media and Health Facilities

At the turn of the century, most of America's social agencies were concerned primarily with some form of social action. They were crusaders, as were the newspapers of that day. Readers sought out human interest stories, and as confidentiality was not yet considered a problem at that time, material was readily forthcoming from those concerned with social problems.⁴⁸

In Public Relations in Health and Welfare, Frances Schmidt and Harold N. Weiner wrote:

In a sense, controversy was a way of life for both social reformers and newspapers. In many instances they were staunch partners in bringing about much of the social and health legislation which undergrids much of our present structure.⁴⁹

There is no identifiable point at which it is apparent that the relationships between the two factions went wrong, but they "drifted apart" in the manner of friends who no longer shared mutual concerns.⁵⁰

An example of this general trend may be seen in the social welfare organizations following the first World War. The adaptation of psychiatric principles and techniques by social welfare organizations in content and practice shifted the emphasis of social workers from concern with the

community to the treatment of the individual and the family.⁵²

Schmidt and Weiner said:

As the social worker became more conscious of his professional self, he became less conscious of his responsibilities to the public and to the community in which he lived...While he was intellectually aware that funds must be made available to support his services, he felt little real responsibility to the public.⁵³

At the same time, professional jargon was quickly developing, building a wall between the professional and the public which is wanting and trying to understand and in most instances desirous of supporting the professional.⁵⁴

The members of the profession who were concerned with public understanding and support were thus perplexed about the proper methods of achieving understanding and support.⁵⁵

In their limited confrontations with representatives of the press they became almost tongue-tied in their efforts to make themselves understood...Too often, they tried to give a reporter a brief course in case-work.⁵⁶

When the reporter attempted to translate his notes into words which would be acceptable to his editor, the reaction among the professionals was almost invariably that they had been maliciously misquoted.⁵⁷ If the article did succeed in conveying that the agency really cared about people and were trying to help them, this positive impression was often overlooked by the professional.⁵⁸

Another element in the developing estrangement between social welfare organizations and the mass media could be seen in the executive director-board of directors echelon of management.⁵⁹ Good publicity was the concern and only those stories of success were told.⁶⁰

According to Schmidt and Weiner, the picture that management
⁶¹
 presented to the public was at best a pallid one, adding:

In other words, social agencies became past masters of the art of "management of the news" long before that term became part of the language...In effect, the newspaper was expected to tell what the agency wanted it to tell but nothing more.⁶²

Although the attitudes of mental health professionals toward the mass media have become more sophisticated, many unfavorable attitudes remain entrenched and underlie the present difficulties with the comm-
⁶³
 unications media.

Newspapers are in a competitive business which is contracting in
⁶⁴
 number rather than expanding. There is less emphasis on the "scoop" and more on in-depth reporting by well trained, more informed, and more
⁶⁵
 analytical reporters. Keeping in mind the results of studies which have shown the effectiveness of the mass media, it is apparent that mass commun-
⁶⁶
 ications can be a foot in the door to public acceptance and understanding.

During a workshop at Easton, Maryland in 19⁶⁴, members of the mass media and mental health professionals discussed relationships between the
⁶⁷
 two groups.

At the meeting, J. Sydney King, manager of public affairs and special events for WBAL-TV, Baltimore, said that hospitals can only maintain a good working relationship with the news media by keeping them informed. The press must be told of both small projects and major goals to acquire
⁶⁸
 a better understanding and frame of reference for future stories.

King also said:

It is frequently the sensational, the negative aspect of the work of mental hospitals that gets into the papers or into the newscasts of radio and television. The only way to counteract this situation is for hospitals to regularly provide their own stories of new programs and activities that are news worthy.⁶⁹

Also speaking at the workshop, a newspaper editor said that one of the major problems in establishing good rapport between the media and public relations people was the lack of understanding among the latter about the organization and operation of the paper.⁷⁰ The editor explained the organization of his newspaper, stressing certain "don'ts" should be kept in mind by the mental health facility, saying:

Don't expect the paper to write the story exactly as the hospital would; don't expect to see proof before the story is sent to press; and don't expect stories on mental health to appear regularly...Even though the papers cannot print stories on a regular basis, they are interested in the work of the hospitals and want to know more about it. They are willing to cooperate and think some of the best stories have yet to be told.⁷¹

Another newspaper editor stated that the best way to have a news release avoid the editor's wastebasket was to base all material submitted on "a kernel of hard news--something the editor will want to publish."⁷²

Norman Harrington, editor of Eastern Star Democrat, Baltimore, said:

Rapidly changing concepts in the care of the mentally ill are prime subject matter for feature articles aimed toward developing community understanding of what is going on in mental hospitals. The features can be done in cooperation with the local weekly and daily papers. Publication of the salient points of staff members' remarks before civic groups can be assured through condensed stories submitted to the papers well in advance of the talks with appropriate release dates.⁷³

Harrington suggested that newspapers are also interested in feature stories and personal notes about staff members. Promotions, service awards, interesting projects for which the mental health facility is responsible are all legitimate news items about personnel, even if only one or two paragraphs in length.⁷⁴

It was suggested that news releases give the story briefly, double spaced, with supplemental material containing background information also

submitted.⁷⁵ Hospitals were urged to use the free, public service time⁷⁶ made available by radio stations.

In a summary of the workshop, Robert L. Robinson, public information officer for the American Psychiatric Association, said:

Every single one of the media people left us with two points: First, they emphasized very much their interest in our fields. And they made clear that they are interested in us because they know darn well that the public is interested in us.

Secondly, they stressed that they had very little contact with us, in the positive sense of the word. That is, we don't seek them out. Our contacts with them arise chiefly, it appears, when there is some incident that becomes news worthy; notably, fires, escapes, crimes of violence and so forth. And our rule seems to be, "Don't call me, I'll call you." But our call doesn't go out to them.⁷⁷

Robinson offered these words of encouragement to a mental health public information officer who might not find all his news stories being used by the mass media, "...feeding people news that isn't printed is not a waste of time...it goes into the back of their minds some place,⁷⁸ it's there for future reference."

FINDINGS OF STUDY

Survey of the News Release Practices
of the Three Kansas State Mental Hospitals

As reported in the procedure of this study, questionnaires were completed by the three state mental hospitals and nineteen of the twenty-five operating guidance centers in Kansas originally selected for the survey. The questionnaire was designed to evaluate the use of news releases as a tool for public information by the state mental hospitals and guidance centers.

In general, the findings were that the state mental hospitals and guidance centers did have a public information office and/or officer. News releases were prepared infrequently and were written in the same manner for all media. Photographs were often sent with news releases. The three state mental hospitals reported having a policy for handling untoward incidents and relationships with the media were favorable.

Since there were only three state mental hospitals in Kansas and all three of the hospitals did respond to the author's questionnaire, it appeared superfluous to design charts or graphs to illustrate the findings.

In reply to the question "Do you have a public information office and/or officer who is in charge of preparing and distributing news releases to the mass media?", all three mental hospitals replied "yes." When asked "how often are news releases sent out to the news media?", the consensus was that news releases were sent out when news developed. An additional comment by one of the state mental hospitals was:

...fiscal year ending June 30, 1969, a total of 303 releases sent: 22 to "all points" and 281 individual news releases of specific interest to one area.

The same mental hospital which offered the previous comment reported that five to ten news releases were distributed by its office during an average week's time, adding "In addition to news releases, a half page of copy and prints are prepared each week for the local weekly."

The other two mental hospitals reported they distributed fewer than five news releases on the average during a week's time.

Two of the three state mental hospitals assessed their ability in getting newspapers to print their news releases as "good," while the third hospital rated its ability as "excellent." One hospital commented "the closer the media the greater the possibility they will use the release."

When asked to evaluate their ability in getting radio stations to broadcast their news releases, the three hospitals replied "good."

Additional comments made were:

We have no way to check this, our relationship with radio stations is good.

...much harder to monitor use.

Difficult to measure use.

In its assessment of getting television stations to broadcast its news releases, one of the hospitals replied "excellent," adding that the hospital is "very careful as to what is sent." Another hospital replied "good," adding that it was "difficult to measure use." And, the third mental hospital reported "poor" response in getting its news releases used on television, stating "...except for specially set-up programs. A Kansas City TV, national network, worked with us to present a series of 50-some weekly 15-min. programs."

When asked whether news releases on the same subject were prepared differently for newspapers than for radio and television stations, two of

the state mental hospitals replied "no," with the third hospital saying that it "depends upon length of release." Although not requested in the study, one of the state mental hospitals said it did write "occasional spot announcements for events of National Mental Health Week."

All three state mental hospitals reported sending tape recordings, adding that the recordings were sent "infrequently." None reported sending motion picture film. However, one hospital commented that television did shoot film at the hospital "sometimes."

The three state mental hospitals reported they did have a policy established for the handling of news releases concerning riotous conduct, accidents, fires, patients leaving without permission, patient death, and other unfortunate incidents. In stating that policy, the hospitals reported:

If there is reason to believe the situation has a direct effect on the public then we release. If not, we don't release but do respond to all questions.

Information can be released only by the superintendent or the director of public information.

Administrative staff have been asked to refer all press calls to the Public Information Director. If the Director is not available, calls are then referred to the superintendent. Hospital policy is to answer questions from the press quickly and courteously at any time of day or night, always, of course, keeping in mind hospital ethics and the confidentiality of the doctor-patient relationship. In cases of patient deaths, names are not given until families are notified. The Superintendent works closely with the Public Information Director and is always available to representatives for news media. He welcomes their help in telling the hospital story.

The author requested additional comments from the state mental hospitals concerning their news releases and usage of those releases by the mass media. The hospitals were assured by the author that their

comments would be kept in confidence as to source. Here were the comments given:

In fourteen years experience as Public Information Director, I have found that news media will not seek out nonsensational news but is likely to use it if it does not require a rewrite. Columnists especially are interested in "good news," human-interest stories, as are editors of youth pages. Many times such news has brought the communication people to the hospital to do a feature story, TV or radio program. A continuing flow of news from the hospital is helpful when a crisis arises since the news media has some background on the hospital, and newsmen, because of previous contacts, are more apt to call the hospital to check on the facts. The hospital's greatest asset in discharge preparation is a community where people are informed about mental illness and its treatment. Hospital administrator believes that news releases help clinical staff achieve their objectives.

Our general news releases are hard news only. Although there are not many, when we do send a release it is quite widely used. Hometown pictures and stories are used quite a bit by the dailies and weeklies in our thirty-two county area.

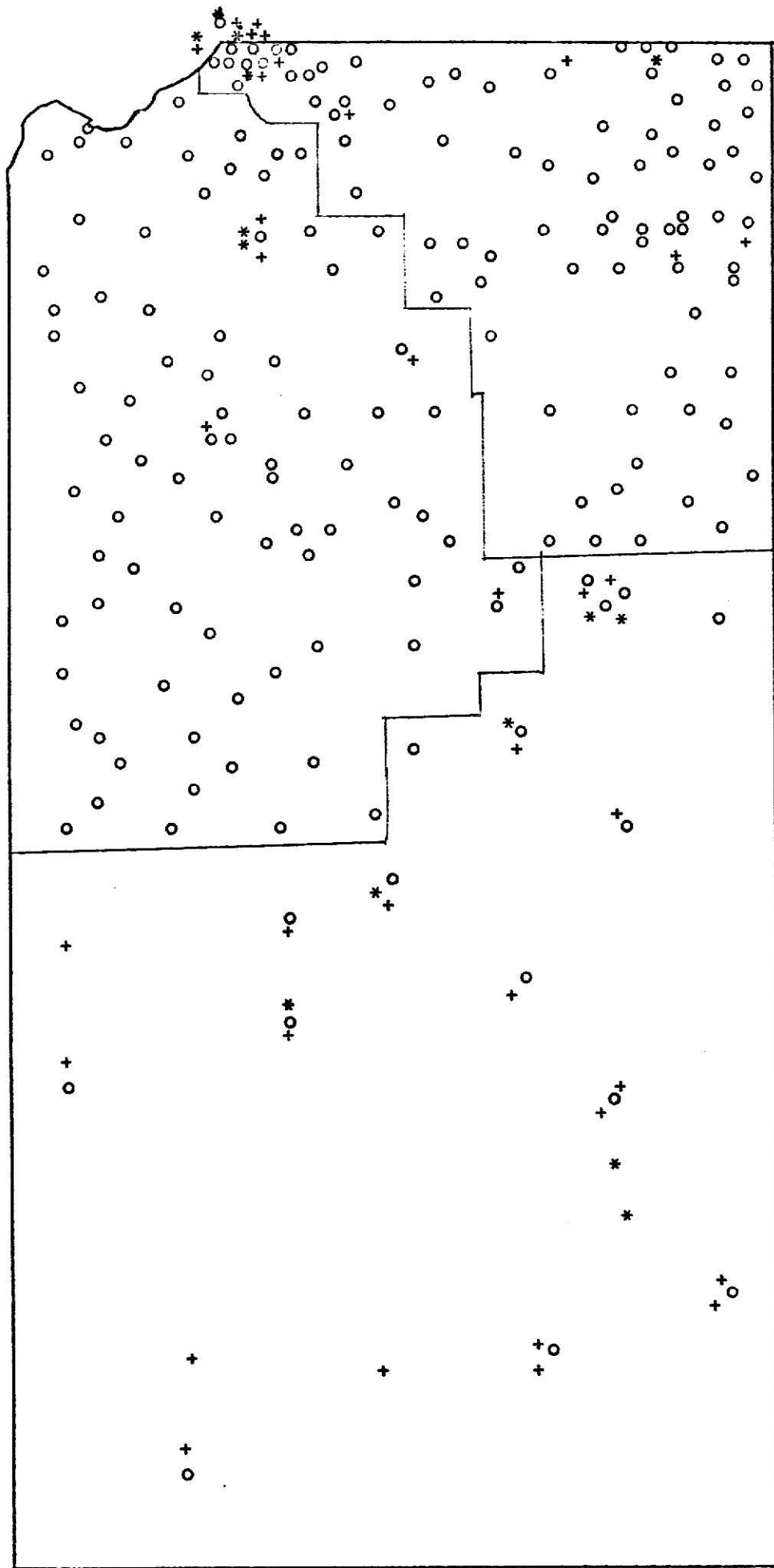
The three state mental hospitals reported that they sent news releases to a total of 177 newspapers, 36 radio stations, and 13 television stations on a regular basis. A map showing the location of the newspapers, radio and television stations which receive the news releases can be found in Plate I on the following page.

Survey of the News Release Practices of the Guidance Centers in Kansas

Questionnaires were answered and returned to the author of this study by nineteen of the twenty-five guidance centers in Kansas. In order for the results to be more meaningful, the author divided the guidance centers into four categories designated by the populations of the areas served. Through this categorization, the author was able to determine whether or not there was a correlation between the populations of the areas

PLATE I

MAP SHOWING MENTAL HOSPITAL DISTRICTS AND THE LOCATIONS OF NEWSPAPERS,
RADIO AND TELEVISION STATIONS TO WHICH NEWS RELEASES WERE SENT
BY THE THREE STATE MENTAL HOSPITALS OF KANSAS



o newspapers + radio stations * television stations

served and the dissemination of news releases.

The categories and the number of guidance centers included in the categories are: fewer than 50,000 population, seven guidance centers; 50,000 to 75,000 population, five guidance centers; 75,000 to 100,000 population, three guidance centers, and more than 100,000 population, four guidance centers.

Table 1, on the next page, is a tabulation of the nineteen guidance centers reporting on whether or not they have public information offices and/or officers who are in charge of preparing and distributing news releases to the mass media, how often the news releases were sent, and the approximate number of news releases sent during a week's time.

Eleven out of the nineteen guidance centers which answered the questionnaire did have public information offices and/or officers who were in charge of preparing and distributing news releases to the mass media. In relationship to the population of the areas served, it is interesting to note that half, six out of twelve, of the guidance centers that serve areas with fewer than 75,000 population had public information offices and/or officers, whereas more than half, five out of seven of the guidance centers that serve areas of more than 75,000 population had public information offices and/or officers.

Five of the guidance centers offered comments concerning their information offices and/or officers. The comments, with the populations of the areas served in parenthesis following the comments, were:

...on the board of directors. (fewer than 50,000 population)

As director, I do most, but staff share. (50,000 to 75,000 population)

The Administrative Director. (50,000 to 75,000 population)

TABLE I

NUMBER OF 19 GUIDANCE CENTERS IN KANSAS WHICH HAD A PUBLIC INFORMATION OFFICE AND/OR OFFICER,
FREQUENCY AND NUMBER OF NEWS RELEASES SENT TO MASS MEDIA IN WEEK'S TIME
COMPARED BY POPULATION* OF AREA SERVED

| report | fewer than 50,000 population (No. = 7)** | 50,000 to 75,000 population (No. = 5)** | 75,000 to 100,000 population (No. = 3)** | more than 100,000 population (No. = 4)** | total (No. = 19)*** |
|---|---|--|---|---|------------------------|
| Had a public information office and/or officer | 3 | 3 | 3 | 2 | 11 |
| Sent news releases to mass media weekly | 1 | 0 | 0 | 1 | 2 |
| Sent news releases to mass media semi-monthly | 1 | 1 | 0 | 0 | 2 |
| Sent news releases to mass media monthly | 1 | 0 | 3 | 0 | 4 |
| Sent news releases to mass media as needed | 3 | 4 | 0 | 3 | 10 |
| Sent fewer than 5 news releases in week's time | 6 | 5 | 3 | 4 | 18 |

*Census Population, Kansas State Board of Agriculture, January, 1969

**number of guidance centers

***total number of guidance centers

One staff member handles with other duties--has
journalistic experience. (50,000 to 75,000 population)

Intern. (75,000 to 100,000 population)

Regarding the frequency of sending news releases to the mass media,
ten out of the nineteen guidance centers indicated that they sent releases
"as needed." Comments given, with the population of the area served by
the guidance center making the comment in parenthesis, were:

As proper occasion arises. (fewer than 50,000 population)

Only when we have a change, such as personnel. (50,000 to
75,000 population)

Frankly, I'm somewhat embarrassed to say that we have
not sent any out in the six months that I've had some
connection with the center. (fewer than 50,000 population)

Not on a regular basis, only on special occasions.
(50,000 to 75,000 population)

Only if news worthy. (50,000 to 75,000 population)

No regular basis. (50,000 to 75,000 population)

As news occurs, plus newsletter. (50,000 to 75,000 population)

I sent out $1\frac{1}{2}$ page column every other week. Actual news
stories perhaps once or twice a month. (75,000 to 100,000
population)

At such time it is necessary. (more than 100,000 population)

Maybe three times per year--when something significant.
(more than 100,000 population)

No regular basis. (more than 100,000 population)

Almost all, eighteen out of the nineteen guidance centers, reported
that they sent fewer than five news releases on the average during a week's
time. Some commented:

Not a weekly basis, probably once a month or two.
(50,000 to 75,000 population)

Two-three times a year only. (fewer than 50,000 population)

One monthly. (fewer than 50,000 population)

I would hope that eventually we might have 2 or so a week. (fewer than 50,000 population)

Maybe 3 times a year only. (more than 100,000 population)

The guidance centers' assessments of their abilities to get newspapers, radio and television stations to which news releases were sent to use the news releases are contained in Table 2, next page.

Generally, the guidance centers rated their ability to get their news releases used by the mass media as "fair" to "excellent." Newspapers and radio stations each received "excellent" ratings from seven of the guidance centers, whereas the television medium received three "excellent" ratings. It should be noted that three of the guidance centers did not reply to the assessment of newspapers, five provided no assessment of radio stations, and twelve did not assess television stations.

Relating to the population, it is interesting to note that the guidance centers which were serving the less populated areas had a more favorable assessment of the mass media than the guidance centers serving the more populated areas. For instance, six out of the seven "excellent" ratings and four out of the six "good" ratings for newspapers were from guidance centers serving fewer than 75,000 population.

Also, six out of the seven "excellent" ratings and two out of the four "good" ratings for radio stations, and all three "excellent" ratings for television stations came from the guidance centers serving fewer than 75,000 population.

Comments concerning assessments of the newspapers were:

This is our local paper--we have not checked the others we send, we have heard from others that they have seen the release in other papers. (fewer than 50,000 population)

Do not have any experience. (fewer than 50,000 population)

TABLE 2

NUMBER OF 19 GUIDANCE CENTERS IN KANSAS WITH VARIOUS ASSESSMENTS CONCERNING ABILITIES
TO GET NEWSPAPERS, RADIO AND TELEVISION STATIONS TO USE NEWS RELEASES
COMPARED BY POPULATION* OF AREAS SERVED

| assessment | fewer than 50,000 population (No. = 7)** | 50,000 to 75,000 population (No. = 5)** | 75,000 to 100,000 population (No. = 3)** | more than 100,000 population (No. = 4)** | total (No. = 19)*** |
|-------------------|---|--|---|---|------------------------|
| <u>Newspaper</u> | | | | | |
| Excellent | 2 | 4 | 1 | 0 | 7 |
| Good | 3 | 1 | 1 | 1 | 6 |
| Fair | 1 | 0 | 1 | 1 | 3 |
| Poor | 0 | 0 | 0 | 0 | 0 |
| <u>Radio</u> | | | | | |
| Excellent | 2 | 4 | 1 | 0 | 7 |
| Good | 1 | 1 | 1 | 1 | 4 |
| Fair | 1 | 0 | 1 | 1 | 3 |
| Poor | 0 | 0 | 0 | 0 | 0 |
| <u>Television</u> | | | | | |
| Excellent | 1 | 2 | 0 | 0 | 3 |
| Good | 0 | 1 | 0 | 1 | 2 |
| Fair | 0 | 0 | 0 | 1 | 1 |
| Poor | 0 | 1 | 0 | 0 | 1 |

*Census Population, Kansas State Board of Agriculture, January, 1969

**number of guidance centers

***total number of guidance centers

Some excellent, some poor. (50,000 to 75,000 population)

Four guidance centers gave the following comments concerning the radio stations:

They (radio) are most cooperative. (author's insert in parenthesis, fewer than 50,000 population)

No experience. (fewer than 50,000 population)

They are cooperative and anxious for news but mainly use only spots as not much news happens--for radio use. (75,000 to 100,000 population)

Don't try often. (more than 100,000 population)

Comments concerning assessments of television stations and the guidance centers' abilities to get news releases used were:

We do not use this medium. (fewer than 50,000 population)

The local origination station for our cable system reports our stories approximately 5 or 6 times. (fewer than 50,000 population)

No coverage. (fewer than 50,000 population)

No experience. (fewer than 50,000 population)

Because of distance, we send only outstanding newsworthy events--these receive coverage, but of course are very infrequent. (50,000 to 75,000 population)

No local TV stations. (50,000 to 75,000 population)

No TV. (75,000 to 100,000 population)

One contact with several stations--favorable reaction, but haven't used opportunity. (75,000 to 100,000 population)

Don't try often. (more than 100,000 population)

On the following page, Table 3 reports that two of the nineteen guidance centers prepared news releases on the same subject differently for newspapers than for radio and television. One guidance center, serving an area with fewer than 50,000 population, replied that it prepared news

TABLE 3

NUMBER OF 19 GUIDANCE CENTERS IN KANSAS THAT DID OR DID NOT WRITE NEWS RELEASES DIFFERENTLY
FOR RADIO AND TELEVISION THAN FOR NEWSPAPERS, PROVIDE PHOTOGRAPHS,
TAPE RECORDINGS, AND/OR MOTION PICTURE FILM

| report | fewer than 50,000 population (No. = 7)** | 50,000 to 75,000 population (No. = 5)** | 75,000 to 100,000 population (No. = 3)** | more than 100,000 population (No. = 4)** | total (No. = 19)*** |
|--|---|--|---|---|------------------------|
| Did write news releases differently for radio and television than newspapers | 1 | 0 | 0 | 1 | 2 |
| Did not write news releases differently for radio and television than newspapers | 1 | 5 | 3 | 2 | 11 |
| Provided photographs | 5 | 4 | 2 | 3 | 14 |
| Did not provide photographs | 2 | 1 | 1 | 0 | 4 |
| Provided tape recordings | 0 | 0 | 0 | 0 | 0 |
| Did not provide tape recordings | 7 | 2 | 3 | 3 | 15 |
| Provided motion picture film | 0 | 0 | 0 | 0 | 0 |
| Did not provide motion picture film | 7 | 2 | 3 | 3 | 15 |

*Census Population, Kansas State Board of Agriculture, January, 1969

**number of guidance centers

***total number of guidance centers

releases on the same subject differently for newspapers than for radio and television, adding it "had only 1 radio coverage since 1968."

Another guidance center, also serving an area of fewer than 50,000 population, stated its center "probably would" write news releases differently, but that it had not done so. A guidance center serving between 50,000 and 75,000 population reported it "did talk shows sometimes," and a guidance center serving 75,000 to 100,000 population replied the radio and television stations "said it wasn't necessary."

When asked whether or not the guidance centers had a policy established for the handling of patient deaths, riotous conduct, accidents, fires, patients leaving without permission, and other unfortunate incidents, all nineteen of the guidance centers which returned questionnaires replied "no."

Two of the guidance centers did make comments concerning a policy. A guidance center serving 50,000 to 75,000 population said "we have had no occasion for such as a small institution." The other guidance center, serving 75,000 to 100,000 population, reported:

I cannot think of any instance in the 14 year history where this was necessary. If something happened, I would discuss it with executive director (or other involved staff) immediately--either releasing an article or working with news media--with the truth.

An open end question, asking for any additional comments concerning the news releases and their use by the mass media which the guidance centers might want to make, concluded the questionnaire. Two of the guidance centers used the final question as an opportunity to express the need for qualified persons to perform the public information tasks. One center, which served less than 50,000 population, said it had no staff time to get complete data for the questionnaire "nor anyone with the appropriate

training." The other guidance center, serving fewer than 50,000 population, said:

This is a much neglected area partly because of lack of time and skills in this area but also we are rather deliberately avoiding any notice of our service because we are not staffed to handle increases in the already high referral rate.

Two other guidance centers complained of the difficulty in developing news stories. A center serving 75,000 to 100,000 population said:

I really have a difficult time getting enough "news" into articles--except for an occasional new staff member, program or new service--I write about existing services, identification and coping with problems, etc.--keeping center name before public.

Another center, serving more than 100,000 population, reported:

Our biggest problem is coming up with stories with enough news interest to use as a vehicle to explain clinic services and policies. Also, our public service spots on radio and TV need to be limited to 10 or 30 seconds to get much use.

A guidance center which served 50,000 to 75,000 population said that it felt "talk shows are quite valuable, and have clients on the air giving personal accounts of services they received."

Another guidance center, serving 75,000 to 100,000 population commented that their area of service was "a rural area with only small town newspapers and radio stations."

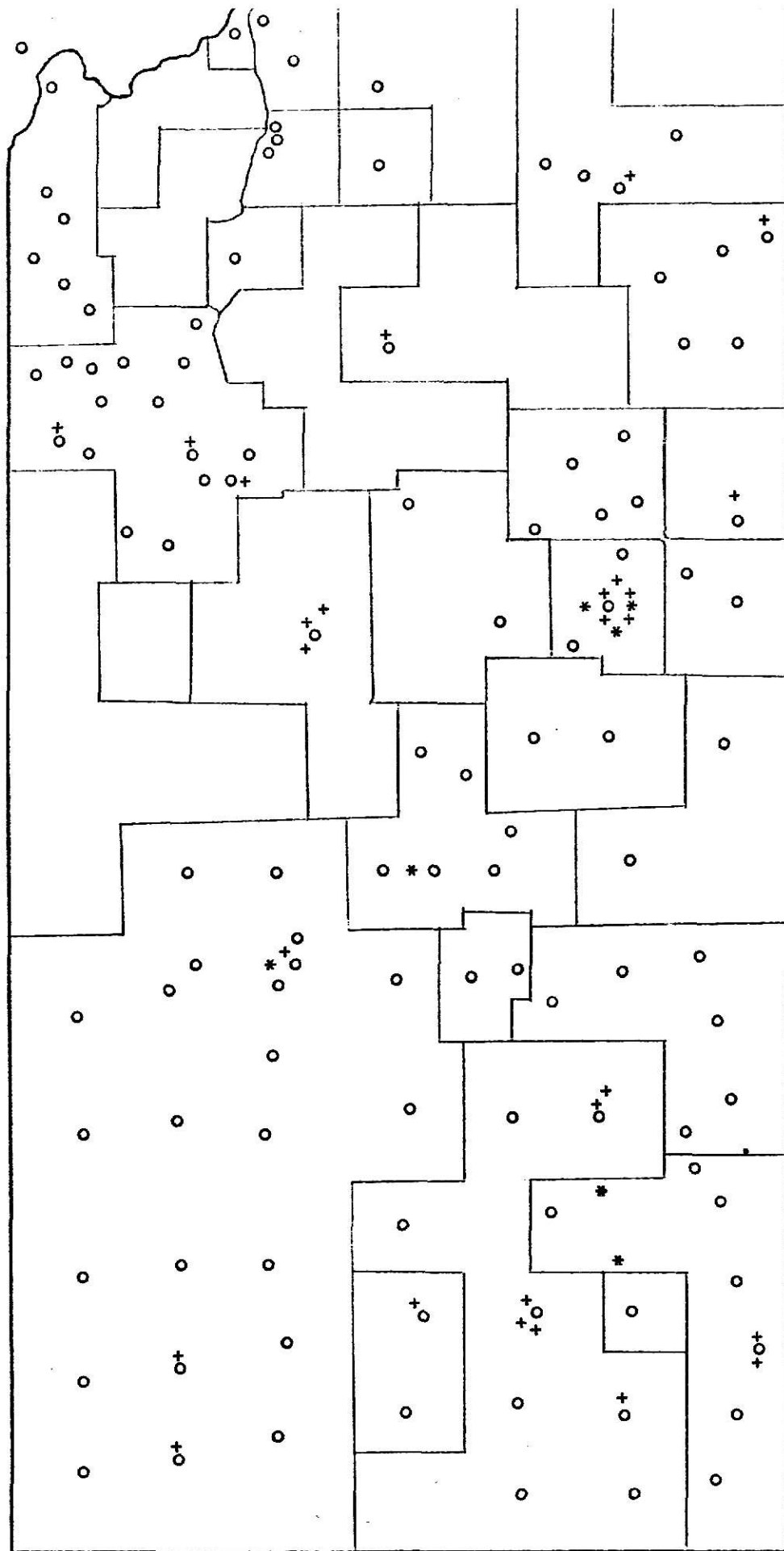
A guidance center which served more than 100,000 population used the final question as an opportunity to state an opinion concerning the news release policies of mental health facilities, stating:

Too many news releases by M(ental) H(ealth) facilities are made by facilities, particularly state institutions, for purpose of publicity per se--without regard to general philosophy of community mental health or with a specific object in mind. (author's insert in parenthesis)

The nineteen guidance centers reported that they sent news releases on a regular basis to a total of 128 newspapers, 30 radio stations, and 8 television stations. A map showing the locations of the newspapers, radio stations and television stations and their distribution through the areas served by the guidance centers which completed questionnaires can be found in Plate 2, on the next page.

PLATE 2

MAP SHOWING GUIDANCE CENTER DISTRICTS AND THE LOCATIONS OF NEWSPAPERS,
RADIO AND TELEVISION STATIONS TO WHICH NEWS RELEASES WERE SENT
BY 19 OF THE 25 GUIDANCE CENTERS OF KANSAS



o newspapers + radio stations * television stations

SUMMARY AND CONCLUSIONS OF THE STUDY

The purpose of this study was to: (1) report on the current public information programs conducted by the state mental hospitals and guidance centers in Kansas through the use of news releases to the mass media; (2) determine which media in particular geographic locations received the news releases; (3) obtain an assessment from the mental hospitals and the guidance centers of their abilities to get the mass media to use the news releases; (4) determine whether or not the mental hospitals and guidance centers had a policy established pertaining to news releases of untoward incidents such as riotous conduct, accidents, fires, patients leaving without permission, patient deaths, and other unfortunate incidents, and (5) solicit additional comments from the mental hospitals and guidance centers concerning their news releases and their usage by mass media.

A two-page questionnaire with cover letter were sent to the three state mental hospitals and the twenty-five guidance centers in Kansas, as listed by the Division of Institutional Management, State Department of Social Welfare, Topeka, Kansas. All three state mental hospitals and nineteen of the twenty-five guidance centers returned completed questionnaires.

All three state mental hospitals and eleven of the nineteen guidance centers reported that they had a public information office and/or officer who was in charge of preparing and distributing news releases to the mass media.

For both the mental hospitals and the guidance centers, news releases generally were prepared and distributed when necessary, or as

news developed. With the exception of a mental hospital, all the mental hospitals and guidance centers sent fewer than five news releases per week on the average to the mass media.

Generally, the mental hospitals and guidance centers assessed their ability in getting the news releases used by the mass media as "good" to "excellent." The exception was the assessment of television, where a mental hospital reported "poor" results in getting news releases used and twelve of the guidance centers did not provide an assessment at all. Some guidance centers commented that they did not use television, or that they did not try often.

Generally, news releases were not written differently for radio and television than for newspapers.

All three of the state mental hospitals and fourteen of the nineteen guidance centers sent photographs to the mass media. One state mental hospital reported sending tape recordings to mass media, but no guidance center or mental hospital reported sending motion picture film.

The three mental hospitals had a policy established for the handling of patient deaths, riotous conduct, accidents, fires, patients leaving without permission, and other untoward incidents. None of the guidance centers reported having such a policy.

The three state mental hospitals reported that they sent news releases on a regular basis to a total of 177 newspapers, 36 radio stations, and 13 television stations. The 19 guidance centers sent news releases on a regular basis to 128 newspapers, 30 radio stations, and 8 television stations.

AUTHOR'S CONCLUSIONS

On the basis of the findings presented in this study, it would seem reasonable to conclude that:

1. The three state mental hospitals and eleven of the nineteen guidance centers in Kansas had public information offices and/or officers. However, because of the limited number and infrequency of news releases prepared for the mass media by the guidance centers, it would appear that there is no one person employed solely for the purpose of providing public information at the individual centers.

2. Among the comments offered by the guidance centers concerning the infrequency of preparing news releases was the lack of hard news. Feature stories and personal notes about the staff members, promotions, service awards, projects for which the mental health facility is responsible are newsworthy items. The use of news releases by mental health facilities can play an important part in the overall public information program by providing a means through which to inform the total public, not simply those directly interested and concerned with mental health. News releases may, on a broad spectrum, be seen as an aid to the objective of the prevention of mental illness through information.

3. None of the guidance centers reported having a policy for handling untoward incidents. The establishment of such a policy would be vital to prevent misunderstanding and confusion if such incidents were to occur.

4. Few state hospitals and guidance centers in Kansas reported preparing news releases differently for radio and television than for

newspapers. Nor did the hospitals and guidance centers report sending motion picture film or audio tape recordings. Perhaps better coverage would result if attempts were made in providing motion picture film and audio tape recordings.

5. Clippings were proof that news releases by the mental hospitals and guidance centers were being used by newspapers. A method needs to be employed to check the use of news releases on radio and television. Regular personal contacts with the media could provide such a method.

6. Related studies could provide additional data concerning the public information programs, particularly those of the guidance centers, such as (a) who prepares the news releases, what is his (her) background, is the position temporary or permanent, (b) a content analysis of the news releases written, (c) how is the assessment of radio and television stations made, what kind of contact is made with the mass media and how frequently, (d) evaluation of news releases by the mass media, what suggestions would the media make concerning the preparation and distribution of news releases by mental health facilities, (e) what type of stories and news items are the news media interested in, (f) what form do the media want news releases, audio tape recordings and motion picture film, and (g) how many news releases are used by the media, (h) does the media rewrite the news releases and if so, to what degree and why, and (i) should news releases be prepared differently for radio and television than for newspaper.

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⁴Arthur J. Snider, "Interpreting Mental Health: Concerns of the Science Writer" (paper presented at the Mental Health Mass Media Conference, Kansas State University, Manhattan, Kansas, May 15, 1969), p. 1.

⁵Everette E. Dennis, "A Regional Mental Health Information-Education Program" (unpublished paper prepared for mental health professionals in Illinois, 1967), p. 7.

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²¹Moore, Good Public Relations, p. 4.

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²³Halpert, "Public Relations in Mental Health Programs," p. 199.

²⁴Moore, Good Public Relations, p. 4.

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³⁰ibid.

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APPENDIX A

QUESTIONNAIRE FOR STATE MENTAL HOSPITALS
AND GUIDANCE CENTERS IN KANSAS

QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you have a public information office and/or officer who is in charge of preparing and distributing news releases to the mass media?
(Circle answer)

YES NO OTHER: _____

2. Generally, how often are news releases sent out to news media? (circle)

DAILY EVERY-OTHER DAY TWICE WEEKLY WEEKLY

OTHER: _____

3. On the average, how many news releases during a week's time do you distribute to the mass media (excluding such periods as Mental Health Week)? (circle answer)

UNDER 5 5 to 10 10 to 20 20 to 30 30 to 40

40 to 50 OVER 50 OTHER: _____

4. Please list the names of the Kansas newspapers (both daily and weekly) which receive your news releases on a regular basis: (use back of sheet if necessary, also list Kansas City, Mo. newspapers if applicable)

5. How would you assess your ability to get the above mentioned newspapers to print your news releases? (circle answer)

EXCELLENT GOOD FAIR POOR

OTHER COMMENTS: _____

6. Please list the call letters of the radio and television stations which receive your news releases on a regular basis: (use back of sheet if necessary, also list Kansas City, Mo. stations if applicable)

7. How would you assess your ability to get the mentioned radio stations to use your news releases? (circle answer)

EXCELLENT GOOD FAIR POOR

-2-

8. How would you assess your ability to get the mentioned television stations to use your news releases. (circle answer)

EXCELLENT GOOD FAIR POOR

OTHER COMMENTS: _____

9. Are news releases on the same subject prepared differently for newspapers than for radio and television? (circle answer)

YES NO OTHER: _____

10. Are photographs, tape recordings, and/or motion picture film sent to mass media? (circle answer)

photographs? -- YES NO

tape recordings? -- YES NO

motion picture film? -- YES NO

11. Do you presently have a policy established for the handling of news releases of unfortunate incidents, such as patient deaths, riotous conduct, accidents, fire, patient leave without permission, etc.? (circle answer)

YES NO

IF YES, briefly describe policy.

12. Please feel free to make any additional comments concerning your news releases and their use by the mass media. Remember, comments will not be identified as to specific source in the report.

13. If you would like to receive a summary of the results of this study, write your name and address here:

APPENDIX B

COVER LETTER

COVER LETTER

April 23, 1970
Janet Ohlemeier
The Hartford Courant
285 Broad Street
Hartford, Conn. 06101

Dear

As a student in Mental Health Mass Communications at Kansas State University, I am conducting a study concerning the news releases from the 3 state mental hospitals and the 25 guidance centers in Kansas and the use of such news releases by the mass media.

I ask your assistance in this study by completing the enclosed questionnaire and returning it to me via the enclosed stamped envelope.

In referring to the mass media, may I specify the term refers to the newspapers, radio, and television stations in Kansas, and also Kansas City, Mo. when applicable.

The answers and comments which you make will be kept in confidence and when reported in the study will not be identified as to the specific source.

Thank you for your time and interest in completing the enclosed questionnaire.

Sincerely,

Janet Ohlemeier

Enclosures: 2

APPENDIX C

STATE MENTAL HOSPITALS AND GUIDANCE CENTERS
WHICH RETURNED QUESTIONNAIRES

STATE MENTAL HOSPITALS AND GUIDANCE CENTERS
WHICH RETURNED QUESTIONNAIRES

Hospitals

Larned State Hospital, Larned, Kansas.

Osawatomie State Hospital, Osawatomie, Kansas.

Topeka State Hospital, Topeka, Kansas.

Guidance Centers

Area Mental Health Center, Garden City, Kansas.

Bert Nash Mental Health Center, Lawrence, Kansas.

Central Kansas Mental Health Center, Salina, Kansas.

Cowley County Mental Health Center, Arkansas City, Kansas.

Four County Mental Health Center, Independence, Kansas.

Franklin County Guidance Center, Inc., Ottawa, Kansas.

High Plains Comprehensive Community Mental Health Center, Hays, Kansas.

Iroquois Mental Health Center, Greensburg, Kansas.

Johnson County Mental Health Center, Overland Park, Kansas.

Kanza Mental Health and Guidance Center, Hiawatha, Kansas.

Mental Health Center of East Central Kansas, Emporia, Kansas.

Mid-Kansas Mental Health Center, Great Bend, Kansas.

North Central Kansas Guidance Center, Manhattan, Kansas.

Prairie View Community Mental Health Services, Inc., Newton, Kansas.

South Central Mental Health Counselling Center, El Dorado, Kansas.

Southeast Kansas Mental Health Center, Humboldt, Kansas.

Southwest Guidance Center, Liberal, Kansas.

Wichita Guidance Center, Wichita, Kansas.

Wichita-Sedgwick County Mental Health Clinic, Wichita, Kansas.

APPENDIX D

LOCATIONS OF STATE MENTAL HOSPITALS
AND THE AREAS SERVED

Map of the Main Section of a township, showing various sections and their names. The map is divided into a grid of sections, with some sections labeled with names and others with numbers. The sections are arranged in a grid, with some sections labeled with names and others with numbers. The map is oriented with North at the top. The sections are labeled as follows:

- North Section (1-36)
- Eastman Section (37-48)
- Biddle Section (49-60)
- Adair Section (61-72)
- Sedgwick Section (73-84)
- Rush-Biddle Section (85-96)
- South Section (97-108)

The map also shows the names of the sections: North Section, Eastman Section, Biddle Section, Adair Section, Sedgwick Section, Rush-Biddle Section, and South Section. The map is a black and white image with a grid of sections and labels.

APPENDIX E

LOCATIONS OF GUIDANCE CENTERS IN KANSAS

AND

LISTING OF COUNTIES AND POPULATIONS OF AREAS SERVED

ILLEGIBLE

**THE FOLLOWING
DOCUMENT (S) IS
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TO THE
PRINTING ON
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BEING CUT OFF**

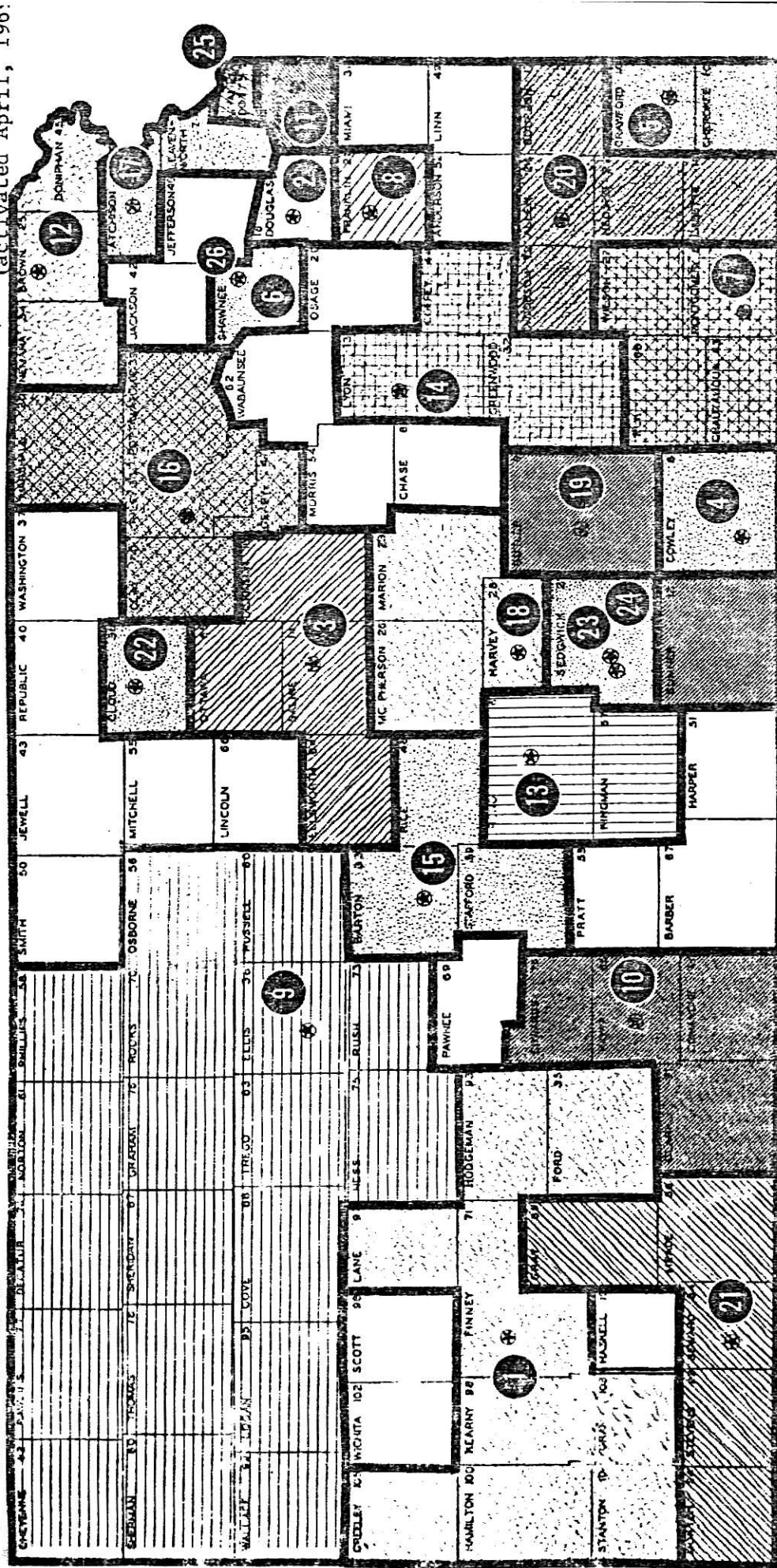
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KANSAS COMMUNITY MENTAL HEALTH CENTERS

January, 1969

*26. Shawnee Community Mental Health Service-Topeka (activated April, 1969)

Center Locations



1. Area MHC, Garden City
2. Bert Nash MHC, Lawrence
3. Central Kansas MHC, Salina
4. Cowley Co MHC, Arkansas City
5. Crawford Co MHC, Pittsburg
6. Family Serv & Guidance C, Topeka
7. Four Co MHC, Independence
8. Franklin Co Guidance C, Ottawa
9. High Plains MH Clinic, Hays
10. Iroquois MHC, Greensburg
11. Johnson Co MHC, Overland Park
12. Kanza MH & Guidance C, Hiawatha
13. Kingman-Reno Co MHC, Hutchinson
14. MHC of E Central Ks, Emporia
15. Mid-Kansas MHC, Great Bend
16. N Central Ks Guidance C, Manhattan
17. NE Ks Guidance Clinic, Atchison
18. Prairie View Community MHS, Newton
19. So. Central MH Counseling C, El Dorado
20. SE Kansas MHC, Humboldt
21. SW Guidance C, Liberal
22. Sunflower Guidance C, Concordia
23. Wichita Guidance Center, Wichita
24. Wichita-Sedgwick Co MHC, Wichita
25. Wyandotte Co MH & Guidance C, Kansas City
26. Shawnee Community Mental Health Service-Topeka (activated April, 1969)

LISTING OF COUNTIES AND POPULATIONS* OF AREAS SERVED

Area Mental Health Center, Garden City, Kansas

Counties served:

| | |
|----------|----------|
| Finney | Hodgeman |
| Ford | Kearny |
| Grant | Lane |
| Greeley | Stanton |
| Hamilton | |

Population of area served: 67,217

Bert Nash Mental Health Center, Lawrence, Kansas

County served:

Douglas

Population of area served: 45,311

Central Kansas Mental Health Center, Salina, Kansas

Counties served:

| | |
|-----------|--------|
| Dickinson | Ottawa |
| Ellsworth | Saline |

Population of area served: 85,357

Cowley County Mental Health Center, Arkansas City, Kansas

County served:

Cowley

Population of area served: 35,411

Four County Mental Health Center, Independence, Kansas

Counties served:

| | |
|------------|------------|
| Chautauqua | Montgomery |
| Elk | Wilson |

Population of area served: 71,539

*Kansas State Board of Agriculture, Census Population, January, 1969.

Franklin County Guidance Center, Inc., Ottawa, Kansas

County served:

Franklin

Population of area served: 21,403

High Plains Comprehensive Community Mental Health Center, Hays, Kansas

Counties served:

| | | |
|----------|----------|----------|
| Cheyenne | Norton | Russell |
| Decatur | Osborne | Sheridan |
| Ellis | Phillips | Sherman |
| Gove | Rawlins | Thomas |
| Graham | Rooks | Trego |
| Logan | Rush | Wallace |
| Ness | | |

Population of area served: 131,534

Iroquois Mental Health Center, Greensburg, Kansas

Counties served:

| | |
|-----------|---------|
| Clark | Edwards |
| Commanche | Kiowa |

Population of area served: 15,346

Johnson County Mental Health Center, Overland Park, Kansas

County served:

Johnson

Population of area served: 216,703

Kanza Mental Health and Guidance Center, Hiawatha, Kansas

Counties served:

| | |
|----------|--------|
| Brown | Nemaha |
| Doniphan | |

Population of area served: 37,495

Mental Health Center of East Central Kansas, Emporia, Kansas

Counties served:

| | |
|-----------|------|
| Coffey | Lyon |
| Greenwood | |

Population of area served: 44,406

Mid-Kansas Mental Health Center, Great Bend, Kansas

Counties served:

| | |
|--------|----------|
| Barton | Stafford |
| Rice | |

Population of area served: 54,164

North Central Kansas Guidance Center, Manhattan, Kansas

Counties served:

| | | |
|-------|--------------|-------|
| Clay | Marshall | Riley |
| Geary | Pottawatomie | |

Population of area served: 96,293

Prairie View Community Mental Health Services, Inc., Newton, Kansas

Counties served:

| | |
|--------|-----------|
| Harvey | McPherson |
| Marion | |

Population of area served: 67,241

South Central Mental Health Counseling Center, El Dorado, Kansas

Counties served:

| | |
|--------|--------|
| Butler | Sumner |
|--------|--------|

Population of area served: 66,189

Southeast Kansas Mental Health Center, Humboldt, Kansas

Counties served:

| | | |
|---------|---------|---------|
| Allen | Labette | Woodson |
| Bourbon | Neosho | |

Population of area served: 84,144

Southwest Guidance Center, Liberal, Kansas

Counties served:

Gray
MeadeMorton
Seward

Stevens

Population of area served: 34,029

Wichita Guidance Center, Wichita, Kansas

County served:

Sedgwick

Population of area served: 354,223

Wichita-Sedgwick County Mental Health Clinic, Wichita, Kansas

County served:

Sedgwick

Population of area served: 354,223

A STUDY OF NEWS RELEASE PRACTICES
BY STATE MENTAL HOSPITALS AND GUIDANCE CENTERS OF KANSAS

by

ELIZABETH JANET OHLEMEIER

B. S., Westminster College (Utah), 1967

AN ABSTRACT FOR A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Technical Journalism

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1970

The purpose of this study was to: (1) report on the current public information programs conducted by the state mental hospitals and guidance centers in Kansas through the use of news releases to the mass media; (2) determine which media in particular geographic locations received the news releases; (3) obtain an assessment from the mental hospitals and the guidance centers of their ability to get the mass media to use the news releases; (4) determine whether or not the mental hospitals and guidance centers had a policy established pertaining to news releases of untoward incidents such as riotous conduct, accidents, fires, patients leaving without permission, patient deaths, and other unfortunate incidents, and (5) solicit additional comments from the mental hospitals and guidance centers concerning news releases and news release usage by mass media.

Following a review of pertinent literature, questionnaires were sent to the three state mental hospitals and the twenty-five guidance centers in Kansas.

Based on the completed questionnaires received from the three state mental hospitals and nineteen of the twenty-five guidance centers of Kansas, it would seem reasonable to conclude:

1. The mental hospitals and guidance centers of Kansas have public information offices and/or officers.

2. News releases generally were prepared and distributed when necessary or as news developed.

3. The mental hospitals and guidance centers of Kansas assessed their abilities in getting news releases used by the mass media favorably. However, the media of radio and television were used infrequently.

4. News releases were not prepared differently for radio and television than for newspapers.

5. Photographs were sent to the mass media by the state mental hospitals and guidance centers, but none reported sending motion picture film, and one state mental hospital reported sending tape recordings.

6. The state mental hospitals had a policy established for the handling of untoward incidents, such as riotous conduct, deaths, accidents, fires, patients leaving without permission, and other unfortunate incidents, but none of the guidance centers reported having such a policy.

7. News releases were sent on a regular basis to 177 newspapers, 36 radio stations, and 13 television stations by the three state mental hospitals, and 128 newspapers, 30 radio stations, and 8 television stations by the nineteen guidance centers.