

Human
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Making the Message Matter



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Making the Message Matter

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Aged, Community and Mental Health

Victoria **ON THE MOVE**

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Preface

Breaking down stigma and exposing the myths that surround mental illness are ongoing tasks that require commitment, dedication and skill. It is not enough to merely send the message about mental illness out into the community—public education must aim to make the message matter!

Consumers and carers are very active in public education. Relating their own experiences of mental illness to the broader community has proven to be a highly effective means of changing society's views and perceptions of mental illness.

Making the Message Matter has been produced to assist consumer, carer and organisational speakers to both expand their audiences and refine their presentation skills. *Making the Message Matter* is about clear messages to bigger audiences resulting in greater understanding of mental illness.

Making the Message Matter is based on the principles of access to information and clear

communication, therefore it is written in plain easy-to-read language. It provides information on all facets of public education, from presentation skills and techniques, through to working with the media.

Making the Message Matter acknowledges the differences between rural and metropolitan public education and provides strategies to meet the needs of rural presenters. It also provides strategies to meet the needs of those from non-English-speaking backgrounds.

Making the Message Matter has been designed to act as a quick reference guide to particular areas of interest. It has nine sections that the reader can use independently, or it can be read from cover to cover.

The goal of *Making the Message Matter* is to be the resource that consumer and carer presenters turn to in their public education activities.

Acknowledgments

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Making the Message Matter...by finding the people who need to hear it!

Introduction

Talking to the right people and using language they understand is an important first step in changing society's ideas about mental illness.

In many ways a presentation is like a product, and the same rules that apply in marketing or public relations, can assist the presenter to 'sell' ideas and information about mental illness to the general public.

The following is a step-by-step process that will help presenters and organisations to:

- Identify who their potential audiences are.
- Understand what social values and views those audiences have.
- Locate audiences.
- Determine how best to tell audiences about mental illness.

Why give a presentation?

The first step in identifying potential audiences is to ask 'Why am I giving this talk?'

Should this talk persuade the audience to change their values and perceptions of mental illness? Should it provide information and education? Should it entertain?

It may be appropriate to address one or all of these aims. The style and content of the presentation should be developed according to the determined aims.

According to research undertaken as part of this project, presentations on mental illness are given to :

- Other mental health and community groups. Networking between groups informs them about services and helps to create linkages.
- Students, trainees, mental health workers, medical and social workers as part of their professional development. These

presentations are given in formal education environments.

- In public education sessions to groups and associations outside of the professional mental health and education sector.

Presentations to the various groups outlined above are a component of 'community education', and all have the ability to create social change, educate and entertain.

Organisations and presenters have little difficulty in locating mental health, community and education groups to present to. The sharing of a professional interest in mental health issues with these other groups can increase the possibility of easy contact with each other and lead to a broad understanding of mental health issues between them.

But the general public is diverse. Individuals within it have very different values, interests, opinions and attitudes. So it may require greater effort to reach target

groups. Therefore careful planning of presentations is necessary to provide information in an acceptable and comprehensible way.

Who is the audience?

In order to contact the general public and make the message about mental illness understood the presenter must first find out who they are.

By identifying groups within the general public, and researching their interests, the presenter can design a presentation that is as relevant and as meaningful to the audience as possible.

When gathering information about an audience, the presenter should think about, and try to answer the following:

- Why does this group want a presentation?
Is it to meet the needs of a monthly social function?
Has recent media coverage sparked their curiosity?
Do they require information around a personal issue or event, such as a group

member's recent onset of mental illness?

- What do the audience members have in common? Is it sport, business, charity, religion, cultural and ethnic backgrounds or gender?

The presenter should try to gather information about:

- Average age of audience members.
- Occupations.
- Educational backgrounds.
- Social, economic, and cultural backgrounds.
- Literacy levels.
- Knowledge and involvement with mental health issues.

An easy way to find this information is to have a casual chat with a person from the organisation who invited the presenter to speak. About a week or so before the presentation, the presenter can visit or telephone this person. They can ask them about their views and attitudes, what they and their colleagues do and don't know about mental illness.

As a member of the audience, this person is likely to reflect and represent group values.

The information gained will help the presenter to write and deliver a speech that includes and refers to some of the group's interests and activities. It will make the message a more personal one.

For example:

If information gathered on the audience shows that many of them are young men who play football, the presenter can research stories about footballers or other sportspeople who have experienced a mental illness and who have made their experience known publicly, or design a story around sport and mental illness. This can be used to make the presentation more relevant to that audience.

Section 7 of this kit provides exercises to assist presenters in locating and identifying new audiences.

How to plan and schedule presentations

Often presentations are given in response to a request. Reacting to these requests can lead to extra, and unexpected demands on time and resources.

Presenters and organisations can find themselves having to change priorities and make time to fit in requests for presentations. However, there is an effective way to increase public education activities without creating unnecessary demands on time and resources.

Presenters and organisations will have more control over when and how presentations are to be given, if they set aside time for planning proactive public education campaigns. As part of an overall public speaking strategy, a regular amount of time each month can be allotted to locating, researching and contacting potential audiences.

The plan could include a target number of people that presenters and/or an organisation aim to reach in a set period of time. This process can be conducted in consultation with nearby agencies and service providers who may wish to share public education activities and avoid duplicating roles.

The following strategies should be considered and incorporated into public education campaigns:

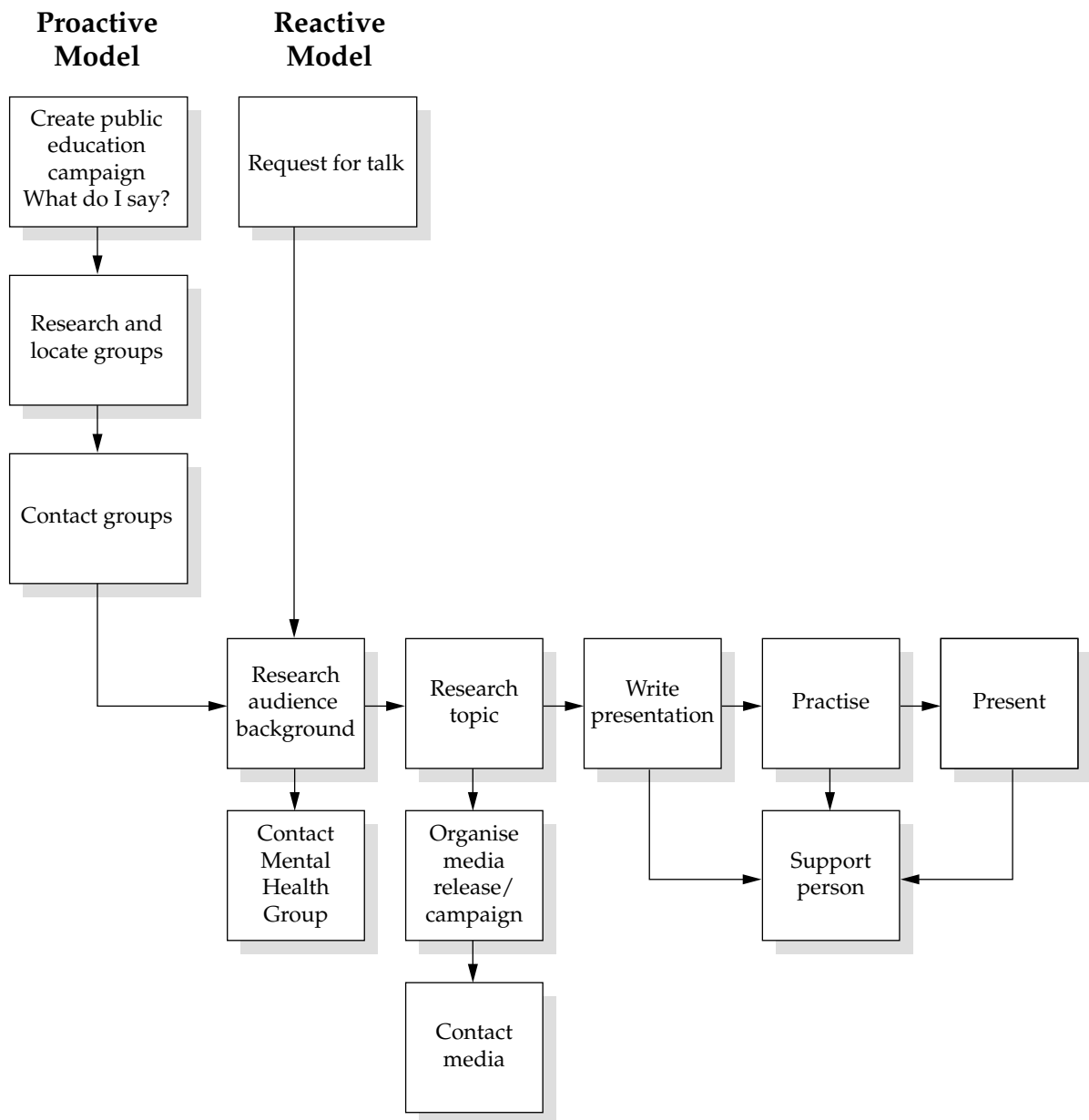
- Determine the duration of the campaign.
- Estimate how many presentations can be comfortably given in a determined time period to reach the target number of people.
- Negotiate a date, place and subject with groups who accept, and note them in a campaign diary.
- Allow extra time in the plan for pre-presentation research and preparation.

Other activities that can be incorporated into a public education campaign include:

- Liaising with other community and health groups to organise a combined public event where individual presentations can be given.
- Researching and contacting organisers of local and calendar events to discuss participating in presentation programs.

- Evaluating the effectiveness of the campaign: Did the presenter reach your target number of people? How well did they receive the presentation?

Section 4 of this kit contains detailed information on conducting evaluations.



Locating new audiences

Reaching new audiences can be difficult. One way to locate audiences is through social groups and clubs such as:

- Sporting groups
- Business clubs—Apex, Rotary, Jaycees and Lions.
- Women’s groups—Country Women’s Association, mothers’ clubs, feminist groups.
- Senior Citizens clubs.
- Youth clubs.
- Leisure and hobby clubs and associations.
- Trade unions.
- Ethnic and cultural groups.
- Political groups.
- Church and religious groups.

These groups, clubs and associations may be found:

- In the Yellow Pages.
- By telephoning city councils for lists of groups registered and operating in their municipality.
- By contacting peak bodies for names of affiliated groups.

New audiences may also be located by:

- Contacting other community

groups, and obtaining names of groups they have given presentations to.

- Creating an entertainment/fundraising event that incorporates a presentation.
- Organising a local ‘community education day’ with other community groups.
- Planning a program for Mental Health Week in order to utilise publicity associated with this calendar event.
- Becoming involved in events produced around special days, like International Women’s Day.

A number of mental health groups in one Victorian region worked with other local community groups to hold a joint ‘Family Health Education Day’ at the regional hospital. Their combined efforts produced a day of fun, entertainment and education for families attending.

Another Victorian regional group held a band night. Their strategy included giving a presentation between

performances where the audience was informed that band members had all experienced a mental illness. This group has been successful in changing public attitudes about what people who experience a mental illness can and can't do, and indeed, who they are!

Contacting new audiences

Once groups have been located, the presenter can write a letter offering to provide a presentation. They can:

- Telephone and ask for the name of the group secretary. It is more effective to have a specific person to address the letter to.
- Explain how a presentation will benefit their members.
- Include some interesting information about mental illness that will capture their interest and curiosity.

The presenter can make a follow-up telephone call to gauge the group's interest. The offer of a presentation may need to be discussed by the group before an invitation is extended.

Contacting local organisations

It is also important to contact any mental health support groups or organisations in the area the presenter is intending to give presentations in.

These groups may wish to attend or to be available and ready for any telephone referrals that result from a presentation.

How to make the message matter

Knowing 'who' the audience is, as discussed earlier, will give the presenter a good idea about their attitudes, values and interests. Presenters can then include or make references to their audience's interests and values. It is important to choose appropriate language.

Effective communication starts with understanding that the message that the presenter believes they are giving is not necessarily received in the same way by the audience.

Individual audience members will 'hear' the words, and then

measure what they have heard against their own experience. Words have different meanings to different people. For example, the word 'consumer' has a specific meaning to people who have experienced a mental illness. Whereas the same word in the broader population usually relates to a person who buys something from a retail outlet.

It is important for the presenter to:

- Go over their speech and eliminate 'jargon', or words that are specific to mental health or service providers.
- It is also important that the presenter remain non-judgmental when an audience member uses a word that is not appropriate when talking about mental illness.

Consumers, carers and mental health professionals often become annoyed when they hear the general public using slang terms. Consideration should be given to the fact that most people have not had the

opportunity to gain knowledge about mental illness, and have had to rely on myths and misconceptions when referring to mental health issues.

One way to eliminate jargon and make the presentation relevant to the public is to ask a family member or friend who is not involved in mental health, to check presentation language and material.

The fact that people have made the effort to hear a talk on mental illness may indicate that they are interested and willing to learn. This should be respected.

If audience members do use inappropriate words when referring to mental health, the presenter should try not to be personally offended, and gently reinforce the correct terminology, without embarrassing the audience member.

Sometimes this can be used to give a 'mini' talk within the presentation on how these slang words came into being, and why they are no longer used.

Making the Message Matter... in country areas

Strategies to locate new audiences and new stories

Often mental health groups and consumer presenters in country areas find that they have exhausted new audiences.

They report that there are only so many times a year that local groups such as Rotary, Country Women's Associations and Senior Citizens invite them to give a talk on mental illness.

In these instances, presenters and organisations could consider structuring presentations around different aspects of mental illness, such as carer issues or mainstreaming services.

They might also consider holding entertainment or fundraising events where members of a more 'general public' could attend and hear a talk on mental illness.

Many rural towns hold special festivals and events where organisations can set up stalls and give presentations to a broader audience.

Confidentiality

Consumers who live in country towns can face stigma and alienation because of their illness. This can lead to consumers not wanting to participate in public speaking because they do not wish to disclose.

One strategy to deal with this is to present in other towns. For example, if a consumer lives in Ballarat and does not wish to disclose their experience of mental illness within their own community, they could liaise with mental health groups in Bendigo and arrange to address groups there. Similarly, a Bendigo consumer might consider giving a presentation in Ballarat.

By 'exchanging' towns, consumer presenters assist each other in the process of breaking down stigma and prejudice in each other's towns and regions.

Given that the presenter is likely to be talking to audiences who have had no exposure to mental illness, presenters should refer to section 3 to aid

them with assertiveness skills and public speaking techniques.

Media relations in rural areas

Many rural community groups, including mental health groups, have an excellent relationship with their local media. But local media businesses tend to reflect local community views which can be a problem if perceptions of mental illness are negative or disparaging.

Many community groups, representing marginalised people or issues, face an uphill battle trying to get local newspapers, radio broadcasters or television stations to report their issues fairly and accurately.

Often, rural media businesses will not publish letters or news releases produced by groups, or will be reluctant to interview or cover stories on marginalised community groups.

As noted in section 6, the media plays an important role in helping to educate the general public on mental illness, and

the following tips will assist rural presenters and organisations to create and improve working relationships with their local media.

- Presenters and organisations should understand that local media will reflect local community views because they rely on that community to support them financially through advertising and direct sales (see section 6, page 41).

Therefore, the first step in changing local media attitudes is to educate the local community to change their attitudes. People will not patronise media which go against their personal beliefs.

If the local media print or broadcast negative editorials, or only print or broadcast views opposing mental illness or the organisation, the organisation can take out an advertisement! The advertisement could state the facts and statistics about mental illness as well as publicising a presentation. Local media need advertising

dollars to survive, and are unlikely to refuse a paying customer. It may cost money, but it will bring results.

A number of years ago, a notoriously negative regional paper stopped printing letters and editorials which maligned local single mothers because a sole parent group took out a quarter page advertisement. It contained government and local statistics that dispelled some of the myths that the paper had been promoting, and invited local sole parents to a meeting. Once the facts about single mothers had been published in its pages, this newspaper could no longer carry negative editorials and letters.

- It may help for the organisation to develop a relationship with local journalists. This might include inviting them to the organisation's office for lunch or morning tea. Let journalists see 'first hand' how the organisation works. The group could send the journalists a 'media

information kit' (see section 6) or updated information.

The organisation could also nominate several media spokespersons to be available for comment at all times.

- Members of the organisation could make an appointment to meet with the editor to discuss concerns or to introduce the organisation and its spokespersons.
- If local media continues to publish biased and negative stories, or defamatory statements, a written complaint, including a clipping of the offending story, should be made to the Australian Press Council, listed in section 6 of this kit.

Making the Message Matter...by being a relaxed and confident speaker!

Introduction

Most people find the thought of presenting in front of an audience daunting.

But many people, including consumers and carers, undertake public speaking regularly. A well-prepared presentation, expertly delivered, will have the greatest impact.

The following tips and guidelines are designed to assist consumers, carers and organisational presenters to confidently deliver a professional and worthwhile presentation. They include advice and information on:

- Gathering and organising presentation material.
- Presentation delivery.
- Accounting for cultural differences.
- Interaction with the audience.
- Overcoming 'stage fright'.
- Being assertive.
- Conducting evaluations.

Preparing for the presentation

The purpose of presentations about mental illness is to break down stigma and myths held by the general public, and to improve awareness and understanding.

Consumers and carers have a powerful advantage in being able to use their personal experiences to inform their audiences of the reality of mental illness.

This 'first hand' experience can provide the audience with a lot of information, but in order to produce a well-rounded, informative talk, the presenter should endeavour to relate their experiences to broader mental health issues.

This will require the presenter to undertake further research using the following questions as a guide:

- Who is the audience?
- What is the occasion?
- What is the topic?
- What response is required?

- How much time has been allowed for the presentation and questions?
- What are the audience literacy levels? Presenters need to know this in case they are using written material in their presentation.

The answers should indicate what material the presenter needs to locate and how to present it.

For example:

The audience is a local secondary school's parents association. They are holding a monthly meeting where they invite presenters to talk on adolescent issues. The topic is mental illness and adolescents. Their purpose in seeking this presentation is to gain information. The presenter's purpose may also be to persuade them that adolescents who experience mental illness can live productive lives in the community. The response that the presenter requires is an audience who will be more tolerant and less fearful

towards mental illness in the community. Organisers have allowed 30 to 40 minutes for the presentation including question time.

Consumer and carer presenters may be able to incorporate their own experience of mental illness in adolescence. But they may need to research information on the following :

- How many adolescents are affected by mental illness. This could be provided as a statistical picture.
- What types of mental illness affect adolescents?
- How do those mental illnesses affect adolescents?
- How does mental illness affect parents and families?
- What type of assistance is available to adolescents and their families in their local area and generally?
- What particular issues is this parents association interested in?

The 'Resource Section' in Section 8 lists a number of research sources and presentation aids on mental illness topics.

Once the appropriate information has been gathered, the presenter needs to consider the appropriate order in which to present information to gain the audience's attention, and to inform and persuade them.

The following example demonstrates how a presentation should be ordered:

1. **An informal opening** that could include a relevant quote or a statement relevant to the audience's interests or a humorous line. Though some presenters like to tell a joke, it is often wise to keep to a brief light-hearted comment, as jokes often require an acute sense of timing. Informal beginnings help to put both the presenter and the audience at ease with each other, and develop rapport.
2. **Introduction of the topic** and an explanation of why the talk is being given. This part of the presentation aims to gain the audience's attention. A consumer or carer may wish to relate their

personal experience of the topic at this stage.

3. **The 'body' of the presentation.** This can be divided into between two to five sections, depending on the time allowed. These sections might include supporting information in relation to a personal story, using a visual aid or including an exercise. It may also include contrasts.

When connecting these sections within the presentation, the presenter can use words and phrases like:

therefore..., so..., for example..., as a result of...

4. **A conclusion** that summarises the presentation and leaves the audience to consider what has been said. Presenters might end with a question that challenges the audience, or a relevant quote. Having developed presentation content, the presenter can summarise the main ideas and information in point form, on cards. This

material should be in the same order on the cards as they are listed in the above

sections. The result should be a condensed version of the original written speech.

Presenters' Cards

Introduction

Good morning
One in five have mental illness
Relate some personal experiences to the topic.

Main Body

30% of population will, are or have experienced treatable depression.

Treatment in the community
Role of CAT Team
Role of MST Team

Why I prefer to be treated in the community.

Conclusion

Sum up
Give details of support groups in area.

Thirty years ago we lived for long periods in institutions.
Today we have families, work and live where we belong—in the community.

Why not just read from the original written speech? Public speaking experts advise that reading directly from a written speech can make the presentation stilted. The presenter can easily lose contact with the audience, and may begin to sound monotonous. Memorising a speech can also have pitfalls. Presenters may forget, and have no written material to refer to.

The advantage of using cards is that a presenter:

- Can give a more informal speech.
- Keep eye contact with the audience.
- Emphasise words or ideas that the audience appears to respond well to.
- Allow more flexibility in speech style and delivery.

To use this method successfully, a presenter needs:

- Fluency
- Good diction
- Careful sentence construction
- Sensitivity to audience response.

However, if a presenter feels more comfortable using a written speech during a presentation, the following points will assist them in delivering it.

- Writing the speech in large type.
- Highlighting key sentences on each page.
- Printing the first line of the next page on the bottom of the preceding page. This allows the presenter to read the first sentence of the next page out, while turning pages.
- It is fine for the presenter to take pauses and to be silent if they are losing their place in the speech. Sometimes those pauses can act to highlight the next statement, or help the audience reflect on what's just been said.

Cultural differences— how to incorporate them into your presentation

If preliminary research indicates that the audience, or a large majority of it, is from a different cultural background,

the presenter will need to learn about audience attitudes and beliefs about mental illness.

Information on how different cultures view mental illness, and how to approach the subject can be obtained through ADEC (Action on Disability for Ethnic Communities) or by contacting other ethnic welfare organisations. This organisation is listed on page 67 in the 'Referral Section' of this kit.

In many cultures, mental illness is not regarded or related in the same way as in Western culture, and is often experienced as a *spiritual* or *supernatural* condition.

To make the message matter to everybody, presentation content and delivery should be relevant and acceptable to audiences from a non-English-speaking background.

A presenter, while not necessarily sharing the audience's beliefs, should endeavour to keep these cultural perspectives in mind.

The following questions will help presenters to develop guidelines for presentations to audiences from a non-English-speaking background.

- Are there any communication customs that should be observed? For example, many Muslim and Asian cultures forbid direct eye contact. Certain hand gestures or touching are also forbidden.
- What is the preferred language of the audience? The presenter can find out if an interpreter will be needed to assist in the presentation. The presenter can ask if the interpreter should be of a specific gender.
- Which culture do audience members primarily identify with? An audience consisting of young Italian people may identify more with Australian rather than traditional Italian culture.
- What are the family values in this culture? Is the family more important than the individuals in it? Who makes the decisions in the family? Presenters should note this,

as pitching a presentation solely towards younger family members may be ineffective if the parents are perceived as influential authority figures and decision makers.

- Is mental illness discussed in their community?
- How closely does their culture relate religion and spirituality to mental illness?
- What is their culture's attitude to death and dying? Do they believe that spirits of those who have recently died communicate with the living?

Although all of this information may not be directly included in the presentation, a presenter needs to be aware of cultural customs in order to gain the respect, empathy and attention of the audience. This in turn will make the presenter feel more confident speaking to audiences from different cultures.

Public speaking techniques

Having well-researched and organised material is essential to giving an effective and memorable presentation.

However, the presenter should also incorporate techniques that will enhance the actual delivery of material.

The following are essential to professional communication:

- Practice! The presenter can check how the presentation will sound by using a tape recorder to check rhythm, diction, tone, and timing. The presenter can practise giving the speech with another person and ask for their feedback.
- It is important to vary the rhythm of the talk. One continuous rhythm produces a monotonous delivery.

The presenter should take even, calm breaths throughout the talk. Regular breathing helps the presenter to relax.

- The presenter shouldn't be afraid to make frequent pauses throughout the speech. Pausing gives the presenter time to think about what they will say next and to respond to the audience.
- It is best to use short sentences whenever possible.
- Presenters who forget an item or lose the next word or phrase should pause and remember the last sentence they said. This will allow them to recapture the central idea, and subsequently put them back on track.
- The presenter can use body language to help convey an idea or emphasise a point. Gestures and body language can also serve to make a transition to the next part of the presentation.

For example:

- The presenter can turn around and write statistics on a board, or lean forward to emphasise an extraordinary statistical number.
- Presenters should avoid crossing their arms while

addressing the audience. It appears 'closed off and defensive'.

- Presenters should try to maintain eye contact with the audience. They can either choose people randomly or scan across the audience.
- If the presentation is being given to a very large audience in a very large hall or room, the presenter should focus their gaze slightly above the head level of the audience, while scanning the room.
- The presenter should try to maintain a relaxed attitude and add some humour whenever possible. Even though mental illness can be a serious subject, too much 'doom and gloom' can leave the audience feeling flat, and therefore less likely to accept and absorb the information given.
- The presenter should thank the person who introduced them, and the audience for inviting them to speak, before commencing the presentation.
- The presenter should inquire about whether they will be

required to introduce another presenter.

- The presenter should keep the presentation within the time limits by asking either an organiser or a support person to give discreet signals. For example, a nod to show that there is five minutes to go before question time.

Question time

Asking and taking questions from the audience can assist the presenter in developing rapport and response. The following outlines the correct use of questions, and also when and how to avoid answering them, if this is necessary.

- If the audience is very large, (100 people or more), it is wise not to call for questions. Members of an audience this size will have different personal reasons for attending, and come from varying perspectives. Many of their questions will not be relevant to the majority of the audience who may well lose interest at this stage.

Having researched who the audience comprises, the presenter may feel that some personal (uncomfortable and disagreeable) questions may be asked. If this is suspected, it is better for the presenter not to call for questions.

It is much better for the presenter to conclude the presentation feeling confident, rather than to trying to answer something they can't or don't want to.

If the presenter has decided to call for questions, and an audience member asks an inappropriate question, or is aggressive in their questioning, the presenter should suggest that they answer the question informally and privately after the presentation has concluded. It is better for the presenter not to meet with an aggressive questioner on their own. They need to ensure others are around or ask someone to accompany them.

- Consumer presenters are not obliged to disclose personal details of either their illness

or their lives. They have the right to say

'I'd prefer not to disclose that information'

or

'I don't think it is helpful/appropriate to discuss personal information.'

See page 25 for information on developing assertiveness techniques.

- The presenter can take questions during the main body of the presentation. This gives the audience the opportunity to provide early feedback, which can assist the presenter in evaluating audience response and adjusting the presentation accordingly.
- The presenter needs to decide beforehand whether or not to accept questions during the presentation. Questions may interrupt the flow of the presentation. On the other hand, allowing the audience questions throughout the presentation may be an effective method of regaining their attention

and focus.

- Asking the audience questions is another technique to regain attention.
- The presenter should indicate the amount of time allotted for audience questions. They can ask an organiser or a support person to signal five minutes before that time is up. The presenter can let the audience know that final questions are being taken.

Stage fright! How to overcome it

Almost all presenters suffer some degree of fear and anxiety before and during a presentation. Presenters need to keep in mind that this is a common response and that they are not alone in their fear.

Anxiety is not altogether a bad thing. It can keep a presenter alert and sensitive to their audience. However, if anxiety is beginning to inhibit a presenter's ability to actually undertake the presentation the following will assist in overcoming exaggerated fears and concerns.

- **According to international public speaking experts minor lapses in coherence, exactness and correctness of language are quickly forgiven and forgotten by most audiences.**
- ‘Knowledge is power’. Being prepared and well informed is a good way of dealing with anxiety and fear.
- Many consumer and carer presenters have little difficulty with ‘stage fright’ because they ‘know’ the topic through personal experience. Being an authority on a topic gives a presenter great confidence. Being an authority entails knowledge, research and preparation.
- Breathing: Rhythmic, controlled breathing has a calming effect. The presenter shouldn’t take too many deep breaths, but focus on slow, comfortable breathing for several minutes before giving the presentation.
- During the presentation, the presenter should concentrate on the speech itself. Focusing on speech delivery and

material will distract the presenter from worrying about how it is being received.

- The presenter can arrange to have a friend or support person in the audience. They can make eye contact with them if they are feeling nervous or anxious.

It is important for the presenter not to have unrealistic expectations. Presenters should keep in mind that no-one can completely change long held views within one presentation. Many of the myths surrounding mental illness are well entrenched and longstanding. No matter how persuasive the presenter is, changes in society’s attitudes can be a slow process.

A well-prepared and delivered presentation will contribute to this process.

Some presenters may need extra assistance to overcome anxiety and fear of public speaking, according to their illness or disorder. Extreme anxiety starts with a negative

thought, and presenters experiencing this state should begin by examining and focusing on their thoughts about public presentations.

- When negative thoughts surface, an overly anxious presenter should challenge them with a positive thought.

For example:

Instead of thinking:

'The audience will see how anxious I am and think I've lost it.'

the presenter can turn this into,

'The audience will see I'm anxious, but they'd probably feel the same in my position. Some might think I'm particularly brave for getting up there.'

Presenters should practise swapping negative thoughts for positive thoughts in order to overcome anxious feelings.

An overly anxious presenter may feel that communicating with strangers is quite difficult. One way for the presenter to increase their confidence is to

practise communicating with people who they do not usually speak with.

For example, two weeks before the presentation date, the presenter can begin by saying only a few words at a time to acquaintances, such as local shop assistants or a bus driver. The presenter can commence with a simple 'hello' and gradually say a little more each day. They could, for example, aim to comment on a media story after the first week. The presenter can check thoughts and anxiety levels before and during this exercise.

Other methods of dealing with anxiety and fear include:

- Developing self help statements such as:
'I won't jump to conclusions.'
'I don't have to accept others' opinions of me.'
'Take this one step at a time.'
- The presenter can use self-praise like:
'I did that really well.'
'I made people interested enough to ask me questions.'

- Rather than panicking when feeling ‘butterflies in the stomach’, the presenter can use this physical sensation as a signal to begin slow, calm breathing and other relaxation techniques. It is important for presenters to remember, sometimes feeling anxious is natural and expected in public speaking situations.

Assertiveness

Sometimes giving presentations requires that a presenter be assertive. Although most audiences will be respectful, on occasion one or several audience members may interrupt or make unreasonable demands on the presenters time and energy. Although these situations are rare, this type of behaviour can be aggressive and hard to handle. It won't help the overall situation if the presenter becomes equally aggressive or, on the other hand, passive and fearful.

Ways in which audience members may behave aggressively include:

- Insisting that a consumer or carer presenter disclose personal details of their illness or family's illness.
- Asking the same question repeatedly in order to get the answer they want to hear.
- Cornering the presenter after the presentation, and not allowing others to talk with the presenter.
- Wanting the presenter's home telephone number.
- Constantly interrupting the presentation.
- Taking up a lot of the presentation time to tell the presenter and audience about their personal experience of, or views on mental illness.

Being assertive means being able to communicate feelings, thoughts, needs and opinions in a direct, honest and appropriate way. Assertive behaviour includes valuing one's self and acknowledging the right to self expression and having personal needs met. It requires a willingness to share with others, rather than holding everything inside, as well as a

respect for the needs and rights of others. Assertiveness is being able to choose how to respond to people or situations and feeling OK about personal needs and actions.

If a presenter finds themselves unable to deal with aggressive audience members, the following assertiveness techniques should help them regain control of the situation.

- Dealing with guilt.

People will sometimes try to manipulate others to do what they want by using guilt. For example, a presenter may feel unnecessarily guilty for refusing to give their home telephone number to an audience member. The presenter's guilt might be a personal response to a false belief that they do not deserve a private life and that they are obliged to put other people's needs before their own.

Assertiveness means having the right to have your own needs met, and presenters, like everybody else, need privacy.

- Mixing up issues.

People sometimes mix up two different issues in order to confuse other people into giving them what they want.

For example:

A presenter has said that they do not feel comfortable disclosing the details of their mental illness; to which an audience member replies:

'If you're not willing to tell us about your mental illness, you obviously don't care about changing society's attitudes.'

In this instance the presenter should make a clear distinction between disclosing their personal life and changing society's attitudes. They might answer in the following way:

'I do care about changing society's attitudes, but I don't want, or have to, discuss my illness publicly.'

- Dealing with anger.

If an audience member becomes hostile and angry, the presenter can refuse to carry on a conversation, or the

presentation, until the anger has subsided. The presenter can suggest that the discussion continue after the presentation, when emotions have cooled down.

The presenter needs to be prepared to actively listen to the person once they have controlled their anger, and respect their right to be heard.

- The broken record technique. If an audience member persists in asking the same question until they get the answer or explanation they want, the presenter shouldn't continue with explanations. They can simply repeat the same answer over and over again until the person stops asking and then say 'I think we should move on now.'

Making the Message Matter... by learning the tools of the trade

Introduction

Many presentations simply rely on the presenter's ability to persuade, inform and entertain their audiences. The previous section has provided a number of techniques and guidelines for making an effective and memorable presentation.

The following section is a guide to various tools designed to support a professional presentation. It also provides instruction on how to evaluate a presentation. A basic evaluation sheet has been provided in Appendix 1 of this kit for presenters' use. This section also includes examples of questionnaires.

Using audio visual aids

Using audio visual aids will also enhance a presentation, and make the message more acceptable and interesting for the audience under certain conditions.

Two rules apply when using audio visual aids:

1. An audio visual aid must complement the presentation.

Often presenters believe that they must be used in every presentation. Preliminary research into who an audience is, and what they require, will help to determine whether audio visuals will be relevant or necessary.

2. The audience must be able to see it and/or hear it.

The following pages outline some of the available audio visual aids and how to use them.

Blackboards... whiteboards

- Coloured chalk shows up better on a blackboard. Yellow is the most effective colour to use.
- Wet dusters should be used to wipe down a blackboard.
- If the presenter is right-handed, they should step to the left of the board so that their body will not obscure what they are writing or vice versa if they are left-handed.
- After illustrating a point, the presenter should clear the board. This brings the

audience's attention back to them.

- The presenter can raise their voice while writing on the board. Their voice may be muffled if they are not facing the audience.
- Although the rules are much the same for writing on a whiteboard, darker coloured marking pens are required to make the same visual impact.
- Check that the board being used is stable.
- If using an electronic whiteboard, make sure it is plugged in and has enough toner. Use an extension cord so that it can be moved to suit the audience's visual needs.

An old favourite... butcher's paper

- Coloured markers and pens are more effective on butcher's paper than plain black, but are not always easy to see.
- It can be difficult to work with a number of sheets. Turning used sheets over can create an unmanageable

build-up. It is better to place used sheets in a box after use. Throwing them on the floor can make a big mess, and distract the audience.

- It is important to check that the easel holding sheets is stable and suitable for the job.
- A wall can be used to bluetack sheets to, if an easel is not available.
- If possible, the presenter should arrange to have a scribe. This may be a support person. A scribe will assist by allowing the presenter to remain facing the audience while delivering information.

Using overheads

- Illustrations and information contained in overheads should not duplicate what is being said. They should summarise or build on it.
- Overheads should be made simple. The presenter should always fill in the gaps.
- Overheads should not be too complex for the audience to understand.
- Too much information

shouldn't be crowded onto one overhead.

- Clip art, which often comes with computer packages, can be used to illustrate a point.
- The presenter should check that the projector works.
- They should have an extension cord so that the projector can be adjusted for clear viewing.
- It is a good idea for the presenter to do a practice run with the overheads to ensure that they are all placed the right way up.
- The presenter should make sure overheads are in the right order, by keeping them in clear plastic sleeves in a ring binder.
- The presenter can use a cover or title overhead while talking between overheads.

Computer-aided presentations

There are many computer packages available that create similar effects to overheads. These packages, such as 'PowerPoint' have the advantage of adding colour and making presentations appear

more professional.

A presenter will need access to a lap top computer, and some basic training in computer presentation packages is useful. Many packages contain preset formulas to assist the presenter in developing a presentation.

How to evaluate presentations

Evaluations are an important component of developing and delivering presentations.

As with the presentation itself, some planning and forethought is required in order to make evaluations relevant and complementary to public presentation activities.

There should be enough time, resources and commitment to undertaking evaluations, and most importantly, a commitment to act on data and information gathered through evaluations. The presenter should establish clear goals that can be measured against outcomes.

There are three types of evaluations that may be used in the course of planning,

implementing and determining the results of a presentation.

These are:

1. **Pre-evaluation.** The presenter should ask themselves:
 - What are the merits of various presentation techniques and are they applicable on this occasion?
 - Are there demographics such as audience age, or location that suggest a certain presentation method be used?
 - How much time is required to develop the presentation?
 - What are the results of similar presentations?
2. **Self-evaluation.** In order to feel more confident before delivering a presentation, the presenter can consider the following issues in evaluating their own performance:
 - Am I expressing myself clearly?
 - Is the presentation brief and concise?
 - Do I use audio visual equipment, including videos, confidently and effectively?

- Do I listen actively?
- Am I aware of group behaviour?
- Am I enthusiastic?
- Do I answer questions effectively?
- Do I use assertiveness skills when necessary?

3. **Post-presentation evaluations.** There are a number of evaluation methods that can be used when developing evaluation sheets for audience use. The following are examples of the various methods.
 - Simple, closed question style. Useful when little time is available to analyse results.
 - Ratings from 1 to 5. This method lends itself to providing statistical information about audience response, as it contains categories that are easily coded.
 - Open questions. These questions can attract highly subjective responses, therefore analysing them can be time consuming. But it is often wise for the presenter

to include an open question to allow an audience member to make a personal comment.

For examples of the above evaluation styles, see page 75 in Appendix 1.

Other forms of evaluations can include:

- Informal feedback at the end of a presentation. (This is a good method for smaller audiences of ten or less).
- Donations and sponsorship offers provide a good indication that the presentation was well received and informative.
- Increased referrals to the presenter's organisation or service provider.
- Increased requests for presentations from other groups.

Hints on designing an evaluation sheet:

- Closed, rather than open-ended questions are easier to analyse.
- Instructions should be clear and simple.

- The first few questions can often solicit unreliable answers. Therefore begin with factual questions such as name and organisation represented.
- Questions should be structured into short sentences.
- Questions should be varied to gain positive and negative responses.
- Anonymous questionnaires are more likely to be accurate.
- Answers to reactionary questions are not always a good indicator of audience response or intention.

For example:

A reactionary question such as, 'Would you mind if a mentally ill person lived next door to you?', might attract a 'no' response at the time of questioning. But other factors, such as stigma, may influence them after returning to their daily lives, and therefore create a different reaction.

- Reactionary questions may also elicit responses that are affected by peer group

pressure and the immediate mood of the audience.

'Take home' information

Giving audience members written information to take home reinforces the message they have just heard in the presentation.

Often written material can complement or expand upon what the audience has heard.

A number of mental health community groups have indicated that they always provide audience members with a 'showbag' of information on mental illness.

When using written information in a presentation, the presenter should consider the following:

- Booklets and pamphlets should relate to issues and subjects discussed in the presentation.
- Budget for bags if handing out 'showbags' full of information.
- A dot point summary of the presentation can be handed out on an A4 flyer.

- Written information, including booklets and pamphlets, can be obtained from specialist groups listed in this kit, and also from the Community and Professional Education Team, Aged, Community and Mental Health Division, Department of Human Services, 555 Collins Street, Melbourne. Tel: (03) 9616 8087.

Making the Message Matter...what consumer and carer presenters need to know

Introduction

This section deals with issues that are of particular interest to consumers and carers. Research undertaken for this kit indicated that the majority of presentations on mental illness are given by either consumers or carers.

Their expertise is regarded as being a significant factor in educating both professionals and the public about mental illness.

The following pages outline issues specific to consumers and carers for developing their existing presentation skills. It discusses receiving payment, developing support networks and being involved in all facets of presentations and public education.

Fees for presentation services

In the past, consumer and carer expertise has been acknowledged by invitation to participate in policy development and the operation of mental health services. More

recently, consumers and carers have requested, and received, payment for their specialist contributions.

The Department of Human Services remunerates consumers and carers for their specialist contributions.

Often, consumers and carers prefer not to charge for their presentations, because they feel that change in community attitudes towards mental illness is a reward in itself. Presenters should not feel that they must charge for their services.

It is reasonable to expect that all out of pocket expenses, such as travel, accommodation and meals, are paid for either by the organisation they represent, or the group requesting the presentation.

A growing number of consumers and carers want to be paid for giving a presentation. Some may be anxious or unsure of how to go about asking for payment.

The following information will assist presenters to receive financial payment for their services.

- Consumer and carer knowledge of service systems and policies is **specialised knowledge**. Specialised knowledge, like all areas of expertise, has a market value.
- If a presenter intends to seek payment, they need to request this early in their discussion with the organiser.
- When approaching the subject of payment, a presenter can ask:
'Are you expecting me to do this presentation as a volunteer? Are you aware that I am normally paid for presentations.'

or, if sharing the presentation with other speakers:

- 'Will the other presenters be paid by your organisation or another?'**
- Provide a written quote to the requesting organisation,

which outlines the work involved in providing a presentation, the estimated hours it will take, and travel expenses.

- The presenter can request that the organisation send them a signed copy of the quote, or a signed agreement.
- The presenter needs to be prepared to negotiate fee payments. It is best to do this before agreeing to present.
- Having informed the organisation that they will be doing so, the presenter can discreetly present an invoice for services on completing the presentation.
- Many organisations are not used to paying consumers and carers for their presentations. If payment is refused, a presenter is not obliged to continue to do the presentation for free, but may choose to do so.
- Consistent requests for payment will help to establish paid presentations as a benchmark.

How consumers and carers can be involved in all aspects of public education

Although a large number of public presentations are given by consumers and carers, there are some who would prefer not to undertake public speaking.

This does not mean that they are excluded from public education activities. There are a number of ways, outlined in this kit, that consumers and carers can be a part of the public presentation process.

The following activities are important and essential components in providing good public presentations and education.

Consumers and carers wanting to be involved in other ways can:

- Plan a public education campaign. As discussed in section 1, this involves planning public education activities within a given time frame, networking with other community groups,

locating prospective audiences, organising and booking presenters.

- Plan and implement media campaigns. Consumers and carers can research and write media releases, act as media spokespersons and develop strategies to pinpoint relevant media. Refer to information provided in section 6 of this kit.
- Organise publicity. This can involve researching publicity opportunities, designing posters, flyers and advertisements and distributing publicity material.

Often, the same consumer and carer speakers have been giving public presentations for a long period of time. This can lead to feeling 'burnt out', or simply being tired of telling a personal story over and over again. If a presenter is feeling like this, it is time to change to another public education activity and/or begin 'training up' new speakers.

Experienced presenters have a lot to offer those who feel that they would like to undertake public presentations. Their experience and knowledge can be used in conjunction with this kit to train new presenters. This ensures that the general public is exposed to new and different personal experiences of mental illness.

Peer support

Another way in which consumers and carers can become involved in public education is by providing support for presenters. Often presenters feel uncertain or anxious and need reassurance before, during and after a presentation. Peer support, or the 'buddy system', is a way in which consumers and carers can work effectively together to produce a good presentation.

Support persons can work with the presenter through the following stages.

- **Pre-Briefing.** This involves listening to the presenter practise their speech, and providing feedback. See

section 3 for guidelines on what makes a good presentation. Presenters can also be given feedback on their timing. Assess whether the presentation took too long, or whether enough time was given for questions. The support person can also assist the presenter in learning the effective use of audio visual aids.

- **During the presentation.** Often, having a support person at the presentation can help the presenter feel more confident. If audio visual aids are being used, the support person can operate them while the speech is being delivered. They can also sit discreetly in the audience and give subtle signals to indicate how much time the presenter has left, or when question time is over. Although a support person may not wish to stand in front of an audience, they might talk informally to audience members after the presentation, or hand out written information.

- **Debriefing.** A support person can provide the presenter with an opportunity to talk about how they felt about the presentation. Feedback can be given about how the audience reacted to the presentation. Feedback can also be given on where the presentation may need improvement. The support person should ensure that any criticisms are constructive and are not aimed at the presenter personally.

For example:

'I think we need more practice using the overheads.'

rather than

'You really botched up the overheads!'

Debriefing is also an opportunity for the presenter to discuss difficulties that they may have experienced.

A support person needs to listen quietly if the presenter has been upset by, for example, an aggressive

audience member or by inappropriate questions from the audience.

Making the Message Matter... by using media support

Introduction

Organisations and presenters can benefit by using the media to promote presentations, and/or inform the general public about broader mental illness issues. Many media opportunities are lost because of uncertainties about how, when and why to use the media.

This section of the kit will provide both organisations and presenters with knowledge and techniques to assist in increasing the media's coverage of mental illness. It also contains useful information on other publicity methods and outlets.

The first step towards effective use of the media is to understand that it is a **profit driven business**. And just like any other business it aims to sell its **product (the news)**, to as many **buyers (readers or viewers)**, as possible. Its bias is mainly structured around the values and attitudes of its readers. If a media organisation has broadcast or published a

story which is defamatory or is seen as part of an overall negative and unfair reporting of an organisation or individual contact:

**The Australian Press Council
Level 3, 149 Castleragh Street,
Sydney 2000.**

Tel: 1800 025 712

How the media operates

Like any other business the media, including newspapers, television and radio, conduct market research in order to align their 'product' to the needs and wants of the general public.

A newspaper has two markets that it must sell to. Firstly, it must ensure that it maintains and increases its readership by making stories interesting and relevant to readers' values, attitudes and interests.

Secondly, it must be able to demonstrate to advertisers that large numbers of their market read their newspaper. A solid understanding of the business mechanisms of the media will assist in using it to maximum advantage.

A media organisation will consider a story on mental illness by evaluating it against its readers' values, interests and attitudes.

For example:

Women's publications, or radio programs that target women listeners will be more likely to run a story on services specific to women's mental health, and promote a presentation on them.

Organisations and presenters can familiarise themselves with individual media's readers, listeners and viewers by analysing the content of articles and programs. Analysis should focus on the following:

- What is the level of language used?
- How many pages, or how much time is devoted to specific issues and interests like sport, health, politics?
- Do individual stories support or challenge prevailing community or political views?
- How often are photographs and pictures used?

- Is the content relevant to local, metropolitan, State or national audiences?

What makes a story 'news'?

In order to determine whether a particular event or story is newsworthy, and therefore likely to be published, the following outlines 'what makes a good news story'.

- The story should be relevant to the specific media being targeted. The presenter can check this by analysing its content.
- The story should be 'current'. It is better to send a media release about an event that is about to happen. Journalists and photographers can then attend.
- Human interest stories are news stories. People like to know about what is happening in other people's lives, particularly if the story complements their values and circumstances.

For example:

'Triumph over adversity' makes an interesting story. People like to feel that human effort can overcome hardship or disability.

- The 'unusual' makes good news copy. 'Man Bites Dog!' is a classic example.
- Unexpected events and happenings such as fires or other disasters are 'news'.
- Organisations and presenters can use current, topical news stories to publicise their own story.

For example:

Coverage of a mental health issue, such as government mainstreaming policies, provides an opportunity for a story on an organisation's support services, and how they operate in the community.

- Information provided to the media should be accurate. It should be backed with statistics and should be 'sourced'.

Writing successful media releases

A media release is often the first contact with the media, and should be written to gain attention and to provide the journalist with as much information as possible.

Media organisations receive a large number of media releases each day. A release should be easy to read and provide the 'story' in the first paragraph. This saves the journalist time, because they do not have to read through several paragraphs to find the 'news'.

- Opening paragraphs should contain the who, what, when and why of the story.

For example:

An exhibition of artwork depicting the personal experiences of people with a mental illness, (WHAT) will be held by the Melbourne Consumer Group (WHO) at the Sedgwick Gallery (WHERE) on 5 July (WHEN) to raise funds (WHY).

- The opening paragraph should contain no more than 40 words.

- The second paragraph should ‘justify’ or further explain the information in the first paragraph.

For example:

The exhibition aims to provide the public with an intimate visual experience of the issues surrounding mental illness.

- The presenter can include quotes from spokespersons or other relevant people in the body of the media release. Quotes can be written in bold.

For example:

‘I’ve tried to capture on canvas, the feeling of alienation that mental illness can impose on people’, said artist John Smith.

- All quotes and information should be ‘sourced’. This requires the writer to attribute information contained in the release.

For example:

According to Professor J Smith (the source of the statement), art provides an excellent means of communicating the

experience of mental illness to the public.

- Language should be kept simple, and jargon should be avoided.
- It is best to fit all the information on one page, two at the most.
- It is best to create a catchy headline. It is best to use large, bold, capital letters. For example:
A LOOK AT MENTAL ILLNESS
- It is important to include the date of release.
- It is important to include the names and telephone numbers of spokespersons at the end of the release.

For example:

For further information please contact:

**Ms Joan Smith, Coordinator
Melbourne Consumer Group
Mr John Smith, Artist**

**Tel: 7056 XXXX (BH)
7776 XXXX (AH)**

- If the organisation is publicising a presentation, they can ask the requesting

organisation if they would like to put out a joint media release.

- It is preferable to fax a media release.
- Telephone media after sending the release to confirm they have received it.
- See page 57, which illustrates how a media release should be laid out.

Good stories often miss out being published or broadcast because they have missed the deadline. In order to ensure that a media release will arrive before deadline the person who is responsible should:

- Telephone the individual publications to find out their deadlines.
- Sunday is a good day to send a media release, as the newsroom is less busy.
- Stories can receive early attention on radio, as there is less production involved in releasing the story.
- The best time to invite television crews to cover a story is between 9 am and 2 pm. Many events aiming to attract television coverage are scheduled for around 11

am. Television rarely covers planned events after 2 pm, as they must go into production for the 6 pm news services.

Television tips

Stories for television require some planning and special considerations.

- A story must contain interesting visuals if it is to be covered by television crews. It is not enough to have a person talking to the camera. Some action must be taking place. **The previous example of an art exhibition would make a good television story as it provides artwork for visual effect, and artists and audiences to approach for comments.**
- The person who is being interviewed should always face the journalist rather than the camera. If they look directly at the camera this can appear aggressive.
- If they have difficulty answering a question, or make a mistake, they can ask to repeat that segment, unless it is a live broadcast.

- The person being interviewed should try not to wear colours that will not televise well. These include bright, neon type colours and beige.
- Some stories are not suited to television news, but may make excellent stories on lifestyle, arts or current affairs programs. These types of stories will require the organisation to work with the program producers over a period of time. They will often require the organisation to provide people to interview, and research data.

Working with journalists

Organisations and presenters can increase their chances of having their stories covered by developing and maintaining good working relationships with the media.

- Determine which journalists regularly cover the issues that are related to mental health. These could be medical writers, community affairs writers, women's or youth affairs writers. They are listed in publications such as *Margaret Gee's Media Guide* or *Media Monitors*.
- Telephone or write to these journalists to introduce their organisation and offer to provide information and comments when required.
- Invite journalists to visit the organisation and/or have lunch.
- Endeavour to provide a regular flow of relevant, updated information.

Answering tricky questions

Sometimes journalists will ask questions that the organisation does not wish to answer, or does not have the answers to.

Study the way experienced media spokespersons deal with this situation.

Often they will turn a negative question into an opportunity to reassert a positive answer.

If a journalist persists with the question, an interviewee can continue to reiterate the positive.

A 'no comment' answer tends to convey a negative view of the interviewee.

The best way to ensure that all questions can be answered is to know the subject thoroughly. If the interviewee or organisation has a good relationship with the journalist, they will often let them know what questions they will be asking, and/or the angle the story is taking. They can be asked who else they will be interviewing for the story.

Media kits

Media kits are often used by organisations to introduce themselves to the media, and to provide background information for a media release. The more information a journalist has on a story, the less they will have to conduct their own research.

Media kits also provide distinct and attractive packaging for a media release.

Media kits can contain some or all of the following:

- A media release.
- One or two sheets of

background information on the organisation including its history, policies and function.

- Interesting facts, quotes and statistics to support the media release.
- If the story is about the launch of a booklet or other product, a copy either can be included in, or with the kit.
- Diagrams and illustrations.
- Black and white photographs of publication quality.

A media kit can be handed out to media at presentations, events or media conferences.

Media conferences

Media conferences provide an excellent opportunity to address a number of media organisations in one session. A number of spokespersons can be interviewed together.

Other affiliated community groups, or experts can be invited to present their views and comments to the media, adding extra support to the story. Journalists will have immediate access to other sources as well.

When planning a media conference, the organisation should consider the following:

- The newsworthiness of the story.
- A venue that is well lit, is preferably on the ground floor for easy access and has room enough for several television crews.
- Check the acoustics in the room. Make sure there are no echoes.
- Provide one large table for spokespersons to sit at, facing interviewers.
- Place water jugs and glasses on the table for spokespersons.
- Include an attractive or relevant backdrop. This might be a banner, posters, or simply plants or vases of flowers. Make sure colours are TV friendly.
- Provide journalists with media kits or releases.
- Provide refreshments.

Other publicity methods

There are other ways of gaining publicity for a presentation, organisation or mental health issue. Publicity often costs

money, but opportunities for free publicity do exist. The following lists both free and paid publicity methods.

- Free announcements. Often local newspapers and radio stations will provide free announcements for community groups.
- Use talk back radio as a means of publicising a presentation or issue.
- Create flyers to be distributed to other groups, mailed or letterbox dropped. A good size is B4. Don't crowd the flyer with lots of copy. Keep words to a minimum.
- Create posters. These can be put up in shops and cafes, or sent to other organisations for display. Check with the local council before putting up posters in public places. Many municipalities have laws against this.
- Have information and stories published in other organisations' newsletters. The organisation can either write an article, or send a media release.

- Consider developing a 'home page' on the Internet for the organisation to place information about upcoming presentations and events, along with other information on mental health.

Making the Message Matter... through practice, practice, practice!

Introduction

This section of the kit provides a number of exercises that presenters can work through to increase their public education skills. These exercises are based on information contained in the kit.

Presenters have an opportunity to practise public education skills, including:

- Identifying and locating new audiences
- Presentation preparation
- Confidentiality
- Media relations.

Exercises may be done by either individuals or within a group situation.

This segment also provides presenters with simple relaxation techniques.

Learn to relax

1. Slow breathing exercise

Anxiety and panic are often made worse by over breathing or hyperventilation. Slow breathing is an effective way to bring about a state of relaxation before giving a presentation.

- It can help for the presenter to begin by holding their breath and counting to ten.
- They can breathe out saying the word 'relax'.
- The presenter can begin to breathe in and out slowly—counting three for the 'in' breath, counting three for the 'out' breath.
- They can say the word 'relax' on every out breath.
- They can try to breathe lightly and smoothly.
- After every ten breaths (one minute), the presenter can hold their breath for ten seconds, then continue with counting three in and three out.
- They can continue breathing like this until they feel relaxed and some of their anxiety has subsided.

2. Dealing with tension

This exercise involves tensing and relaxing specific parts of the body, one at a time.

Presenters can do this exercise at any time as it doesn't require any obvious movement or posture. It can also be practised daily, sitting in a comfortable chair at home.

- They can close their eyes if they wish.
- The presenter should take a small breath. They should hold it for up to seven seconds.
- While doing this, they can tense up their toes. The presenter should then breathe out, saying the word 'relax' and let the tension go from their toes.
- The presenter can then repeat this procedure, gradually moving up the body, tensing feet, legs, buttocks, back, neck, arms, hands and so on.
- If the presenter is feeling particularly tense in one part of their body, before or during a presentation, they can focus only on that area. For example, if they feel tension in their neck or jaw they can:
 - Take a small breath counting to seven.
 - Gradually tense neck or jaw muscles.
 - Breathe out, either saying, or thinking the word 'relax'.

- Gradually let the tension flow from the neck or jaw muscles.

3. Using the imagination

This exercise allows the presenter to 'rehearse' feeling relaxed and confident when giving a presentation.

Doing this exercise for several weeks before the presentation will assist the presenter to accumulate positive feelings about the event.

They can follow these steps:

- Imagine that they are giving the presentation. See it in detail in their mind's eye.
- List all the steps involved in giving the presentation.
- Record them on a series of cards.
- Number the cards in order of the amount of anxiety or difficulty experienced in each step.
- After completing a relaxation exercise, the presenter can allow the cards to act as a prompt into imagining a particular step or scene. They can see themselves

undertaking these steps in a positive and confident manner.

- If the presenter feels anxious when imagining a particular step, they can stop immediately and return to the relaxation exercises.

Identifying and locating new audiences

Exercise A

A number of people in the local community have been complaining to the city council, police and politicians about the opening of a drop-in centre for people who have experienced mental illness. They are objecting to the centre being placed in a residential street, and are concerned that their children may be exposed to 'crazy' people who are likely to be violent.

The organisation has decided to undertake a public education campaign to change and inform local attitudes. The organisation has \$1,500 to contribute to the campaign.

Create a public education campaign plan, including presentations, by using the following questions as a guideline.

- What groups/organisations would be targeted for presentations?
- Why choose these particular groups/organisations?
- How do these groups/organisations influence (or are influenced by) local community attitudes?
- How would the organisation go about locating these groups?
- Which media would the organisation contact?
- How would the organisation approach the issue of community concerns with the media? What 'angle' would they take and why?
- What other organisations can be involved in the public education campaign?
- List three ways in which these organisations can provide practical assistance to the campaign.

- Considering the campaign budget of \$1,500, name two other affordable methods of publicising the organisation's views and informing the local community.

Exercise B

Based on the information provided, plan individual presentations for the following audiences:

- **A suburban football club**—male. Aged between late teens and early 30s. Forty per cent are still attending school or university. Fifty per cent are married. Twenty-five per cent are still living at home with their parents.
- **A regional Country Women's Association**—female. Aged between 30 and 70. Fifty per cent live and work on farms. Fifty per cent live in rural towns. Ten per cent are studying part-time at the local TAFE. Seventy-five per cent are married with children aged between 4 and 35.

- **An inner city Rotary Club**—Ninety per cent male. Ten per cent female, aged between 42 and 65. Seventy per cent of members are from Australian or Greek origin. Ninety per cent own their own business.

Use the following questions as a guide to producing an appropriate presentation for each group.

- What are the mental illness issues relevant to their gender and age groups?
- How isolated are they from the rest of the community, and how might that impact on presentation content?
- Are there any communication barriers and how might they be overcome?
- Are there any cultural considerations?
- Does the presenter share anything in common with this audience?

Exercise C

The following paragraphs are the opening to a presentation on depression. Name some of

the types of people who might make up the audience.

Hi. I'm Carol and I'm here to tell you about how depression became part of my life, and how it affects the lives of around 30 per cent of the community.

Now when I speak of depression, I don't mean feeling a little down because my football team didn't win, or because my kids are misbehaving.

Depression goes beyond even the deep sadness we might feel at the end of a relationship, or when we lose a job.

My depression started two or three days after the birth of my daughter. Now I know many mothers can remember back to an episode of the 'third day blues'. You think, 'I should feel wonderful, I have this new baby! So why am I feeling so bad?' It's usually a short-lived experience for the majority of mums. But around 10 per cent of new mothers can

continue feeling like this and worse for months after the birth...and I was one of those mothers who experienced an episode of post natal depression.

But before I go on to describe my experience, you should be aware that it's not only new mothers who are vulnerable to an onset of depression.

You may have just received a job promotion, with a pay increase, two free tickets to the Grand Final and a Rolling Stones concert (where you meet the man of your dreams) and still feel like life is not worth living. That's serious and that is depression.

Building media skills

Exercise 1

Form an answer to the following question that emphasises the positive and plays down the negative.

Journalist—'Given yesterday's incident involving a former patient of a recently closed psychiatric hospital, how can

the community expect to feel OK about reintegrating the mentally ill back into the community?’

Write a media release that will be sent to media throughout the State. The release must relate to the above mentioned incident (decide for yourself what that is), contain information on mental illness and be sourced.

Pay special attention to what might be required to make your media release applicable to media throughout the State.

Exercise 2

What type of media could the following news release be suitable for?

16 October 1998

MEDIA RELEASE

British Rock Legend to Perform for Mental Health Week

British rock star, 'Bluesboy' will perform at the Station Hotel on October 19th, as part of Mental Health Week's entertainment program.

Melbourne-based Mental Illness Support Group (MISS Inc) has organised the performance and invited Bluesboy, who is currently on tour in Australia to perform.

'I called myself "Bluesboy" because I was depressed for a long time. I'd get confused because I'd feel really high, really awake for a couple of weeks, then I'd sink really low into depression. It would last for months', Bluesboy said.

Bluesboy said that a suicide attempt finally led to a diagnosis of bipolar disorder, formally known as manic depression.

Bluesboy said that the performance would raise money for the band members to run music workshops and teach music to others with a mental illness.

'Mental illness isn't a great thing to have, but it often coincides with tremendous creative talent, and we'd like to help others to develop that talent', Bluesboy said.

'Bluesboy' will play from 9 pm until midnight.

For further media enquiries telephone: media spokesperson, MISS Inc. on 124 XXXX or 135 XXXX (AH).

Exercises for working with audiences and groups

Exercise 1.

Confidentiality

Often an audience does not understand how difficult it is to disclose very intimate details of experiencing mental illness. Disclosure can be an extremely powerful communication technique. The following will be useful in ensuring that the audience is fully aware of the personal impact of public disclosure.

Ask group or audience members to tell something that is personal, but not private, to the group. Discuss amongst the group how this feels. By sharing this information with strangers, the audience member is more likely to understand the position of the presenter and any other consumer or carer who needs, wants, or is expected to disclose.

Exercise 2.

How does it feel?

This exercise is designed to give audience members a physical experience of an anxiety attack.

Presenters should take into consideration the physical condition of audience members. It may not be suitable for the aged or unfit.

If there are stairs at the presentation venue, ask audience members to run up and down them for a period of three to four minutes. If there are no stairs, ask them to run up and down on the spot for five minutes.

When this time is up, ask them to check how they are feeling. Is their heart racing? Is it difficult to concentrate? Does their body feel tense? Are they short of breath? Do they feel exhausted?

After they have answered all these questions, inform them that this is what people who experience anxiety attacks often feel like.

Exercise 3.

Can you hear me?

This exercise assists audience members to understand what it is like to experience auditory hallucinations (hearing voices), and how difficult it is to concentrate on daily activities.

Half way through the presentation, turn on a radio talk back program. Adjust its volume to a level that is not too loud, but enough to be distracting. Continue on with the presentation as though the radio was not on.

After five minutes ask the audience if they are finding the radio distracting and affecting their concentration. Point out that this is very similar to the experience of people who hear voices as a symptom of mental illness.

Making the Message Matter...by knowing who's who and where to find them

Suggested public education resources

Aboriginal persons

Videos

Last Night I heard a Voice (Montague Chase, 19 Musgrave St West End Q4101).

Our Way (Aboriginal Medical Service, 6 Turner St Redfern NSW 2016 (02) 9319 5823).

Books and pamphlets

Suicide Awareness (Manual) (Rose Education (02) 9606 6853 PO BOX 192 Camdien NSW 2570).

Healing Together (PO BOX 2131 Bendigo Mail Centre Vic 3554).

Alzheimer's

Videos

Dementative Disorder, Dementia (Peninsula Psychiatric Services).

Books and pamphlets

Communication Strategies for Alzheimer's Patients (Mental Health Library).

Alzheimer's Advice Kit (Alzheimer's Association).
About Alzheimer's Disease (Alzheimer's Association).

Anorexia & Bulimia Nervosa

Videos

Recovery Stories (Anorexia & Bulimia Nervosa Foundation).

Books and pamphlets

Teacher Resources Kit (ABNF).

Information on Eating Disorders for Health Practitioners (ABNF).

What is an Eating Disorder? (Commonwealth Department of Health & Aged Care)

Carer issues

Videos

Snap Shots Sign Post (SANE Australia—Schizophrenia Australia Foundation).

Books and pamphlets

Carers' Handbook (SANE).

Is Dad Crazy? (SANE).

*Handle with Care—
A Workbook for 8–12 years old* (Association of Friends and Relatives of the Emotionally and Mentally Ill).

Support for Families and Carers (Victorian Department of Human Services)

*Mental Illness—
a Book for Partners* (ARAFEMI).

Depression (Including Post and Ante Natal Depression)

Videos

Information Video 1992–1996 (Post and Ante Natal Depression Association).

Audio Cassette

Information Audio 1995–1997 (PANDA).

Books and pamphlets

Student Kit (PANDA).

Antenatal Education Kit (PANDA).

What is Depression? (Commonwealth Department of Health and Aged Care)

General education

The Lemon Tree Game (Victoria Mental Illness Awareness Council).

The Kit—A Guide to Advocacy We Choose To Do (Commonwealth Department of Health and Aged Care).

Legal

Videos

Your Rights (Mental Health Legal Centre).

Books and pamphlets

Patient Rights—a Self Help (Mental Health Legal Centre).

Guide to the Act

(in community languages)

Patient Rights Brochures (Victorian Department of Human Services)

Mood disorders/bipolar

Video

- Bipolar Disorder* (Peninsula Psychiatric Services).
- Me Depressed? Don't Make Me Laugh* (Mental Health Library).
- What is Bipolar Disorder* (Commonwealth Department of Health and Aged Care)

Internet

- Fact Sheets SANE Australia* (SANE).
(<http://www.vicnet.net.au/~sane>).

Books and pamphlets

- Mood Swings and Mental Health* (ARAFEMI—Victoria).

Non-English-speaking background

Books and pamphlets

- Psychiatric Disability Services and Ethnic Communities* (Action on Disability for Ethnic Communities).
- What is Mental Illness?* (ADEC & Department of Human Services).
(in a number of community languages)
- ADEC Psychiatric Ethnic Access Pamphlet* (ADEC).
- Patient Rights Brochures* (Department of Human Services).
(pamphlets in a number of community languages)

Obsessive compulsive disorder

Books and pamphlets

Nine, Ten, Do It Again: A Guide to Obsessive Compulsive Disorder. (Obsessive Compulsive Disorder Foundation).

Resources Kit For School Personnel: Obsessive Compulsive Disorder in Childhood & Adolescence (OCD Foundation).

Anxiety in the 1990s—A Time for Optimism (papers) (OCD Foundation).

Social Anxiety Disorder Kit (OCD Foundation).

Anxiety/Panic Disorder Kit (OCD Foundation).

Schizophrenia

Videos

Focus on Schizophrenia (Royal Australian & New Zealand College of Psychiatrists).

Schizophrenia—Let's Talk About It (Schizophrenia Fellowship).

Internet

Schizophrenia Fact Sheets (SANE).

Books and pamphlets

SANE Guide to Psychosis (SANE).

The Facts—Schizophrenia is a Treatable Illness (Schizophrenia Fellowship).

What is Schizophrenia (Commonwealth Department of Health and Aged Care)

Suicide prevention

Video

Youth Suicide Prevention (W.A. Assoc for Mental Health Inc
305/79 Sterling St, Perth 6000).

Books and pamphlets

Teenage Suicide (Mental Health Library).

*Youth Suicide Prevention
Information Kit* (Victorian Department of
Human Services).

Treatment

Books and pamphlets

*Community Treatment Orders
—About Your Rights* (Department of Human Services).

*Electroconvulsive Therapy
—About Your Rights* (Department of Human Services).

*Involuntary Patients
—About Your Rights* (Department of Human Services).

Department of Human Services publications can be ordered free of charge by calling (03) 9616 8087, Monday to Friday 9 am–5 pm. Also see <http://www.dhs.gov.au> (the Victorian Department of Human Services website).

- A fee applies to a number of other resources listed. Enquire at the organisation for the charge.
- All organisations' addresses and telephone numbers are located in the Referral list unless stated in the above 'Resources section'.
- This list is not exhaustive, but rather an aid to the presenters. Other resources may be obtained by contacting services or the Mental Health Library, Royal Park, phone 9342 2574.

Referral List

Specialist groups

Action on Disability within Ethnic Communities (ADEC)

13 Munro Street, Coburg 3058.

Tel: 9383 5566

Alzheimer's Association

98 Riversdale Road, Hawthorn 3122.

Tel: 9818 3022

Anorexia & Bulimia Nervosa Foundation

1513 High St Road, Glen Iris 3146.

Tel: 9885 0318

Australian Psychiatric Disability Coalition (APDC)

PO BOX 710 Mawson ACT 2607.

Tel: (02) 6280 0875

GROW

29 Erasmus Street, Surrey Hills 3127.

Tel: 9890 9846

Mental Health Foundation

270 Church Street, Richmond 3121.

Tel: 9427 0406

Mental Health Legal Centre

Tel: 9629 4422

Neami Inc.

296 High Street, Preston 3072.

Tel: 9470 6022

Obsessive Compulsive and Anxiety Disorder Foundation

600 Orrong Road, Armadale 3143.

Tel: 9576 2477 or 9576 2488

Post and Ante Natal Depression Association (PANDA)

19 Canterbury Road, Camberwell 3124.

Tel: 9882 5396

Resource Unit for Indigenous Mental Health Education and Research

6 Gertrude Street, Fitzroy 3065.

Tel: 9415 1919

SANE Australia (Shizophrenia Australia Foundation)

PO Box 226, South Melbourne 3025.

Tel: 9682 5937

<http://www.vicnet.net.au.au/~sane>.

Schizophrenia Fellowship

223 McKean Street, North Fitzroy 3068.

Tel: 9482 4199

VICSERV (Psychiatric Disability Services of Victoria)

370 St Georges Rd, Nth Fitzroy 3068.

Tel: 9482 7111

<http://www.vicnet.net.au/~vicserv>.

Victorian Community Advisory Group on Mental Health (VICCAG)

C/- Department of Human Services

Level 10

555 Collins St

Melbourne 3000.

Victorian Mental Illness Awareness Council (VMIAC)

23 Weston Street, Brunswick 3056.

Tel: 9387 8317

(Contact VMIAC for local consumer support groups).

Specialist carer groups

Association of Relatives and Friends of the Emotionally and Mentally III (ARAFEMI)

615 Camberwell Road, Camberwell 3124.

Tel: 9889 3733

ARAFEMI Bendigo

Tel: (03) 54 36 1528

Begonia Carers Group

Cnr Queen and Dytes Parade, Ballarat.

Tel: (03) 53 32 2722 (includes outreach to Daylesford)

Compassionate Friends

300 Camberwell Road, Camberwell 3124.

Tel: 9882 3355

Rivendell Carers Group

Tel: (03) 59 62 5466

Sage Hill

1 Princess Street, Warrnambool 3280

Tel: (03) 55 61 5261

Wimmera Mental Illness Support Group

Tel: (03) 53 82 6744

Schizophrenia Fellowship affiliated carer groups

Barada House

117 Myers Street, Geelong 3220.

Tel: (03) 52 29 8227

Frankston Group

34 Birdswood Street, Frankston 3199.

Tel: 9783 1008

Goulburn Valley Group

50 Tulloch Street, Kyabram.

Tel: (03) 53 52 1723

Consumer and carer support group list

Metropolitan

Box Hill Consumer Group

Tel: 9899 5000

Dandenong Consumer Group

Tel: 9554 1826

Darebin NEAMI

Tel: 9484 0333

Frankston Network

Tel: 9784 6909

Halcyon Consumer Group

2 The Avenue, Ferntree Gully 3156.

Hawthorn Consumer Group

642 Burwood Road, Hawthorn 3122.

Maroondah Reference Group

Tel: 9871 3853

Mental Illness Awareness on Campus

University of Melbourne, Parkville

call the switchboard and ask for MASC Tel: 9344 4000

Monash Consumer Group

Tel: 9550 1437

Moonee Ponds Boomerang Club

Tel: 9370 5233

Moot...(Borderline Personality Disorder)

Tel: 9486 2835

SWIG Footscray (South West Area Mental Health Service)

Tel: 9928 7444

Werribee Consumer Information Group

Tel: 9928 7444

Regional

Ararat Consumer Group

Tel: (03) 53 52 1652

Ararat Women's Group

Tel: (03) 53 52 2722

Ballarat Housing Group

Tel: (03) 53 41 8352

Ballarat Psychiatric Fellowship Awareness Group

Tel: (03) 53 32 2722

Bendigo Consumer Council

Tel: (03) 54 47 2248

Bendigo Consumer Network

Tel: (03) 54 47 2248

Bendigo Forty Plus Group

Tel: (03) 54 47 0005

Bendigo Sternberg Consumer Group

Tel: (03) 54 42 2945

Castlemaine Hilltop

Tel: (03) 54 70 266

Cobram Consumers and Carers Group

Tel: (03) 58 72 1204

Cockatoo THATS Consumer Group

PO Box 234 Cockatoo

Geelong Bipolar Support Group

Tel: (03) 52 41 3343

Geelong Consumer Union

Tel: (03) 52 21 1272

Numurkah Consumer Group

Tel: (03) 58 32 9111

St Arnaud Consumer Group

Tel: (03) 53 52 1652

Stawell Consumer Group

Tel: (03) 53 52 1652

Sunraysia Mallee Disabled Persons

Tel: (03) 50 52 1652

Swan Hill Consumer Group

Tel: (03) 50 32 1295

Stawell Women's Group

Tel: (03) 53 52 2722

Traralgon Consumer Group

Tel: (03) 51 71 1381

Wangaratta Consumer Group

Tel: (03) 57 22 0347

Warrnambool Bipolar Support Group

Tel: (03) 55 62 4292

Warrnambool DASH Consumer Group

Tel: (03) 55 61 9100

Wodonga Group Housing

Tel: (060) 561 895

Rivendell Consumer Group (Healesville)

Tel: (03) 59 62 2388

Appendix 1

Pre-evaluation sample

Questions for the presenter

Did I approach the organisation?

Or, is the request from the organisation unsolicited?

Do I have the:

- Time
 - Resources
 - Knowledge/expertise
- to give this presentation?

What types of subjects do I need to research?

Will the presentation require audio visual aids?

Will I need a support person at any stage of the presentation?

Questions to ask the organisation/person requesting the presentation

How many people will be present?

What are their backgrounds? (ethnicity, education levels, gender, age groups).

Do they have common interests?

How often do they have guest speakers/presentations?

What topics have been presented?

How much time has been allocated?

How many will be attending?

Are there facilities to use audio visuals? (power points, screens, microphones).

What is the occasion?

How much does the audience know about mental illness?

Do they want written information provided?

Post-evaluation sample

Age (optional)

under 18

18–25

26–30

30–39

40–50

51–60

61+

Male / Female

Occupation

Consumer Y/N

Carer Y/N

How did you hear about today's presentation?

.....

.....

This presentation increased my knowledge of mental illness.

Strongly Agree

Agree

Don't know

Disagree

Strongly Disagree

I did not enjoy the speaker's presentation today.

- Strongly Agree
- Agree
- Don't know
- Disagree
- Strongly Disagree

I feel more comfortable about the subject matter after today's presentation.

- Strongly Agree
- Agree
- Don't know
- Disagree
- Strongly Disagree

The use of audio visual equipment was not effective.

- Strongly Agree
- Agree
- Don't know
- Disagree
- Strongly Disagree

I believe that I have increased my understanding and acceptance of people with mental illness after today's presentation.

- Strongly Agree
- Agree
- Don't know
- Disagree
- Strongly Disagree

What I learnt most from this presentation.

.....

.....

.....

What I liked least in the presentation.

.....

.....

.....

.....

I would like to learn more about mental illness Y/N.

Any other comments.

.....

.....

.....

.....

Appendix 2

Suggested check lists for speakers...

Pre-presentation check list

Have I checked?

- Address and telephone number of the venue.
- Date and time of the presentation.
- That the speech is ready and in the right order.
- That overheads are ordered correctly.
- That presentation equipment is ready and working.
- That writing materials are required.

Do I have?

- Extension cords for electrical equipment.
- Evaluation sheets and pens ready.

Have I?

- Checked time-keeping arrangements or facilities (watch, clock in room, timekeeper).
- Gathered and packed written handout material.

If appropriate, have I arranged?

- For a peer support person to accompany/assist me.

Post-presentation check list

Have I?

- Organised a peer to debrief with.
- Collected all evaluation sheets.
- Collected and packed all equipment.
- If appropriate, given the organiser an invoice.
- Checked any follow-up bookings.
- Followed up requests for further information.

References

Effective Presentation 1973

Antony Jay

British Institute of Management, London.

Dynamic Speaking 1962

Martin Bryan PhD

Macmillan, New York.

Speak Up! 1964

Harlen Martin Adams and Thomas Clark Pollock

Macmillan, New York.

Public Relations Techniques 1988

Frank Jefkins

Heinemann Professional Publishing, Melbourne.

Assessing Trainer Effectiveness 1991

Leslie Rae

Gower Publishing Aldershot, England.

Evaluating Training Effectiveness— Translating Thought Into Practice 1991

Peter Bramly

McGraw Hill training series, London.