

Psychiatry and the media

The first 50 calls to a radio psychiatrist

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The world of the media is alien to most psychiatrists although we are frequently portrayed in different ways, but rarely are the portrayals close to real life (Clare, 1990). These media portrayals help determine public attitudes towards ourselves and also our patients. It has been argued that psychiatrists should be involved in a “serious, concerted, and professional effort to educate the public about the prevalence of serious and chronic mental illnesses” through the media (Talbot, 1985). There are some noticeable exponents of this view whom we often hear, read, and see.

The Northallerton Health Authority is a large rural health district covering some 50 by 30 miles including the Yorkshire Dales and many small market towns such as Richmond, Thirsk, and Leyburn. As part of developing a local mental health service, community mental health teams have been set up (Cardno & Simpson, 1991) and one of the aims of the teams is to increase public awareness of mental health problems. In such a large rural community where mental illness is often tolerated and the view of psychiatric services for the past one hundred years have been the ‘bins’ outside the district, attitudes are hard to change (Simpson, 1989). As part of the work of the community mental health teams it was decided that, in order to increase public awareness, an approach should be made to the local BBC radio station to see if they would be interested in using a mental health professional. I was chosen by the team as a person to offer my services as it was known that medicine was only my second career choice, the first being a rock star (this first career choice being unsuccessful due to lack of talent). As a result of contacting BBC Radio York they asked me to become a regular ‘expert’ in the ‘mid-morning show’. Each day they had an expert in some field (e.g. gardening, antiques, plumbing, etc.) and the format was to talk for five to ten minutes about the subject and then receive telephone calls from listeners but that these were not transmitted ‘on air’. Feedback about these calls was then given over the air with, of course, personal details missing in order to ensure confidentiality. The programme is estimated at having an audience of 29,000 people throughout North Yorkshire. Before

agreeing to take part I ensured that this work was covered by NHS indemnity as it was part of my NHS duties.

The study

I appeared on the show approximately every six weeks in a ten month period. On each occasion I gave an introduction on a different subject, e.g. schizophrenia, dementia, panic disorder, problems for carers, eating disorders, etc. When talking to those ‘phoning in I briefly ascertained whether they were ‘the patient’ or whether they were talking about a relative or a friend. In addition I classified the problem with a provisional diagnosis.

Findings

Of the first 50 telephone calls, 23 were from ‘the patient’, 26 were from concerned relatives, and one from a concerned friend. The provisional diagnosis of the first 50 calls were three organic psychoses, seven functional psychoses, 13 affective illnesses, ten other neuroses, six eating disorders, three alcoholism, one personality disorder, one conduct disorder, four were ‘worried well’, and two had no psychiatric disorder. The ‘worried well’ group were people with mild psychic distress which did not amount to any mental disorder. The not mentally ill were, in fact, someone ringing to give a comment about mental health services and a slightly deaf old lady ringing up about problems with her hip replacement. The person with personality disorder was a woman who rang up to say that her husband had just been diagnosed as being a psychopath!

Comment

The purpose of being the Radio York Psychiatrist was to increase public awareness. The important part was to talk to 29,000 residents of North Yorkshire about mental health problems in order that these problems be seen in a more positive light. I expected those who ‘phoned in to be mildly neurotic or not ill

but was surprised to find the high incidence of quite severe mental illness. This was partly determined by my choice of subject for the morning. There were some major problems in which I was probably quite helpful, e.g. people ringing up about relatives who were clearly very psychotic but who had contacted me rather than any statutory authorities. I was able to give advice. Indeed, almost all the advice given concerned how to get through the health system, e.g. how to get referred to mental health services by GPs.

In addition to being the expert on the show, I have been telephoned on a number of occasions to speak about psychiatric aspects of events in the news. Hopefully, this also has helped portray a better light on mental health problems than there would have been if I had not spoken.

The aim of being the Radio York Psychiatrist was purely to increase public awareness of mental health problems and try to show them in a more positive light. It is hard to ascertain whether this

has been successful. However, it does appear that those who have telephoned me on the 'phone-in have been suffering from real mental distress and have been able to be directed to appropriate services.

References

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Video news

The problem drinker

Making a good video is difficult enough: knowing who you are making it for sometimes gets lost in the process. So it is with the two tapes currently reviewed: *Alcohol – The Interviews* and *New Approaches to the Problem Drinker*. On the one hand the content and production is good, but on the other hand the intended application is less certain. In practice it is likely that the two tapes will be used as stand-alone programmes suiting the non-specialist, and in particular the medical non-specialist.

The first tape is a scene setter and for most practitioners could safely be omitted. The contributors discuss aspects of epidemiology and alcohol-related social, psychological, and physical problems. Rather than giving a preferred approach to addiction problems, there is an effort to balance the merits of Jellinek and his typology against the newer idea of a dependence syndrome. I suspect that this was a compromise by the contributors, but it is an example of how the message is muddled. A similar problem cropped up with the physical illness section; a very nicely presented section covers familiar ground for doctors, but lacks the explanation that would make it of interest to non-medics.

The second, and longer tape is presented as a process of intervention in three steps: first engaging

the patients, second detoxification, and third on changing drinking habits. There is a quality of clinical advice which can only come from practitioners actively involved in the business of patient care. The first section was particularly strong on reminding viewers of some very basic techniques, such as being courteous: "I am awfully glad you came this morning – can I hang your coat up", is not heard ringing through out-patient departments as much as might be desired. As the programme moves onto more specialist treatments and prevention, then so it becomes more a resumé of the kind of things that might usefully be done. One or two scenes are repeated from the first tape which is slightly irritating.

In summary, these are good tapes but their purpose is ambiguous. Their strength comes from the contributors' ability to present specialist skills without specialist trappings. Overall the programmes come across as awareness raising rather more than skills teaching. This inconsistency of purpose is perhaps the weakness.

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Videocopying of the Institute of Neurology Cinefilm Library

The Institute of Neurology Cinefilm Library, comprising 97 mostly short, silent, monochrome and