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rate of serious incidents seems to show that Drayton Park is able to provide a safe environment for those presenting in acute crisis. We have no accurate indicator of the severity of symptomatology at admission, but the reasons given for admission appear to be similar to those which precipitate admissions to acute in-patient units. In an emergency situation where use of the Mental Health Act was deemed necessary, Drayton Park could not be considered as an alternative to the acute ward. However, 78% of referrals who were admitted to Drayton Park were seen within 48 hours and the project is, therefore, a viable resource for service users in acute psychiatric crisis. It also appears to be able to manage women in crisis within a relatively short length of stay. There are some interesting differences in the ethnic makeup of our sample population as compared with the local community. For example, we found an over representation of African–Caribbean women and fewer Asian women in our sample as compared with the local population. Future service planning needs to take this into account.

Drayton Park has succeeded in its aim of providing safe alternative to hospital admission for those who experience acute mental distress and admits women with severe mental health problems. The involvement of service users in the planning and management advisory group has helped the project to incorporate an alternative approach to crisis resolution and its innovative style has aroused both national and international interest. Future evaluation of this service including the unique facility it offers to women with children is planned.

Acknowledgement

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Newspaper coverage of psychiatric and physical illness

AIMS AND METHOD

To compare how newspapers cover psychiatric and physical illness. We conducted a survey of relevant headlines in nine daily newspapers over a one-month period and judged whether the content was essentially positive, neutral or negative.

RESULTS

Over the one-month period,

213 article headlines about various aspects of medicine and 47 on psychiatry were identified. Ninety-nine (46%) of the former were critical in tone as compared with 30 (64%) of the latter (odds ratio=4.42, 95% CI 1.64–11.94). We gained the impression that negative articles about physical medicine tended to criticise doctors whereas negative articles about psychiatry tended to criticise

patients. Tabloid and broadsheet newspapers did not differ in their rates of negative coverage.

CLINICAL IMPLICATIONS

Psychiatry, psychiatrists and particularly psychiatric patients tend to be represented negatively in the newspapers. Psychiatrists should strive to influence the news agenda by proactively reporting positive messages, such as treatment advances.

Stereotyping and stigmatising attitudes towards psychiatric patients are maintained and periodically reinforced by the 'bad press' that psychiatry receives (Angermeyer & Mattschinger, 1996; Hammond, 1996; Philo, 1996).

Numerous recent examples testify to the concern that this arouses in the general public (Philo, 1996), but media coverage of psychiatric disorders has probably always been selective, negative, misinforming and melodramatic (Nunnally, 1961). The recent emphasis on community care

may, however, have been associated with an increase in such reporting, although there also appears to have been a recent surge in the frequency of negative reports in the media about medical practice in general. It is possible, therefore, that psychiatry receives no worse treatment in the media than other medical specialities. We set out to answer this question by comparing newspaper portrayals of medical and psychiatric issues.

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papers**Table 1** Examples of positive, neutral and negative newspaper headlines about medicine and psychiatry

Category	Examples
Psychiatry	
Positive	Radical policies to end the failure of community care
Neutral	Measles jab suspected in autism cases Peace of mind Don't worry, it's just your genes Is the Duchess really a suicidal type?
Negative	Psychiatric bed cuts 'could lead to more murders' 'Why was schizophrenic freed to kill my father?' Victim's agony as senile sex beast is freed Judge warns of mentally ill nightmare Health shake-up after 'care in community' fails Inquiry after mentally ill man was set free to kill
Medicine	
Positive	BSE epidemic 'could be over by mid-1998' Polio and measles 'to be erased by 2010' Treatment offers hope for 'human vegetables'
Neutral	Sex 'can ward off stomach ulcers' Protests lead to rabies rethink
Negative	Food poisoning reaches epidemic level Doctor questioned over woman she pronounced dead Wicked nurse suspected of over 30 sabotage incidents Fake doctor gave two injections to patients

The study

Daily newspapers were monitored for one month (during November 1996) and any article headlines about health-related issues were kept. The nine newspapers surveyed were: *The Times*, *Telegraph*, *Independent*, *Guardian*, *Herald*, *Scotsman*, *Daily Mail*, *Sun* and the *Daily Record* (i.e. six broadsheets and three tabloids). We later made group consensus judgements as to whether the headlines were about psychiatric or general medical issues, and whether they are mainly positive, neutral or negative in tone. Headlines were regarded as positive if they reported clinical or research advances, negative if they criticised standards of care, and neutral if they gave a mixed or unclear message.

We tested the hypothesis that newspaper coverage of psychiatric issues would be more critical than that of medical issues by comparing the rates of only positive and negative articles. This allowed the calculation of an odds ratio, together with 95% confidence interval (95% CI), of negative coverage in psychiatry as opposed to general medicine. We repeated this calculation for articles from the broadsheet and the tabloid newspapers.

Findings

Altogether, 306 health-related article headlines were collected during one month. Of these 213 were about general medical matters, of which 73 (34%) were judged

to be generally positive, 41 (20%) neutral and 99 (46%) negative in tone. Only 47 headlines concerned psychiatry, of which five (11%) were thought to be positive, 12 (25%) neutral, and 30 (64%) essentially negative (see Table 1 for examples). The remaining 46 articles were judged to concern general health issues rather than specifically physical or mental illness. Very few articles caused any difficulties in deciding about their content or tone and any disagreement was usually settled quickly on discussion.

General medical matters, therefore, get approximately five times more press coverage than psychiatric illness and a much higher percentage of medical articles are generally positive in tone. The odds ratio of an article headline about psychiatry being critical is 4.42 (95% CI 1.64–11.94) times more likely than that of one about general medicine. In addition, it was our impression that negative articles about medicine tended to describe 'bad doctors', whereas negative articles on psychiatry tended to describe 'bad patients'.

Broadsheet article headlines were 4.6 times (95% CI 1.52–13.94) more likely to be critical of psychiatry than medicine (23/27 and 80/144 headlines were critical respectively). The three tabloid papers had a similar tendency, with 7/8 psychiatry headlines being negative as compared to 19/28 medical headlines (odds ratio=3.32, 95% CI 0.35–31.19).

Comment

It is clear that psychiatry receives less coverage than general medicine, and the coverage it does receive is four times as likely to be negatively framed. These are not unexpected findings but are, to our knowledge, the first objective confirmation of such subjective impressions. This survey also provides examples of the stereotypes that patients with psychiatric illnesses may face, given that newspapers are probably the most important (even more than television) source of scientific and health information for the general population (Day & Page, 1986).

Our survey of newspaper headlines was comprehensive. Although we may have missed some articles, there is no reason to expect any particular ascertainment bias. The judgements about their tone were inevitably somewhat arbitrary, but they were arrived at by consensus and with very little disagreement. Our figures of 64% negative, 25% neutral and 11% positive reports are similar to the figures of 42%, 40% and 18% respectively in a similar Canadian study (Day & Page, 1986). The recent College survey found that 54% of 1292 reports in the British press over one year were negative (Hart & Phillipson, 1998). There are numerous other reports that the British press discriminate against the sufferers of mental illness, usually by focusing on the negative aspects of the behaviour of a minority of patients and on small numbers of dramatic treatment failures (Barnes & Earnshaw, 1993; Hammond, 1996; Philo, 1996). Our impression of psychiatry coverage was very much in keeping with these views, particularly as negative article



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headlines seemed to criticise physical medicine practitioners but psychiatric patients. In addition, we have found no evidence that 'quality' newspapers are any less stigmatising than the tabloids, given the extensive overlap in their confidence intervals. In retrospect, it would have been interesting to have performed a more detailed content analysis of the differences in coverage by medical speciality, any differences between headlines and articles themselves, and regarding specific issues such as violence.

Newspaper coverage reflects and drives social concerns. Content is also determined by the need for a 'good story' which will sell papers. Psychiatrists will not be able to alter the largely negative coverage our speciality and patients receive by simply complaining about it. We must, therefore, strive to work more closely with the media in providing factual information about psychiatric illness and stressing positive aspects such as advances in psychiatric treatment.

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Prescribing in schizophrenia

Evaluating the effect of introducing a new treatment protocol

AIMS AND METHOD

To develop and introduce a drug treatment protocol for schizophrenia and to evaluate its effect on prescribing. Prescribing of antipsychotics was audited in January 1998. A prescribing protocol was then developed by a collaborative process involving all medical staff, and introduced in September 1998. A second prescribing audit was conducted in February 1999.

RESULTS

The proportion of patients prescribed atypical drugs increased from 16.6% to 25.5%. Co-prescription of atypical and typical drugs was relatively uncommon compared with findings of other prescribing surveys. The use of anticholinergic medication was significantly more likely in patients receiving regular typical drugs alongside atypical agents than in those receiving atypicals alone.

CLINICAL IMPLICATIONS

Widely agreed prescribing protocols may promote improved prescribing practices. Co-prescription of atypical and typical drugs should be discouraged.

The introduction of atypical antipsychotics has brought with it systematic programmes of valid research and a corresponding increase in demand for evidence-based prescribing. Once, arcane combinations of antipsychotics were standard practice, but now prescribers are expected to be guided by robust trials of single agents in clearly defined illnesses.

In our own unit, evidence-based prescribing protocols had been in force since October 1994. Nevertheless, two published studies which incorporated some of our patients (Taylor et al, 1997; Taylor et al, 1998) have shown

clear deficits in prescribing practice. In particular, the co-prescription of atypical and typical antipsychotics seemed disturbingly prevalent. This observation was largely confirmed by our own nationwide survey of atypical antipsychotic prescribing (Taylor et al, 2000) which revealed rates of co-prescription of regular atypical and typical antipsychotics to average as much as 40%. In this last study, the prescribing of regular anticholinergic medication was significantly more likely in patients receiving dual therapy.