

## Dr Who?

**Dr Kwame McKenzie, researcher at the Institute of Psychiatry, argues that our profession, and in particular our College, should use the media to improve psychiatry's image.**

The Royal College of Psychiatrists needs to employ an image consultant. If image gurus can bring about the metamorphosis of Thatcher the Snatcher into the Iron Maiden and if they can make John Major a world statesman then the discipline of psychiatry should be the next through their door.

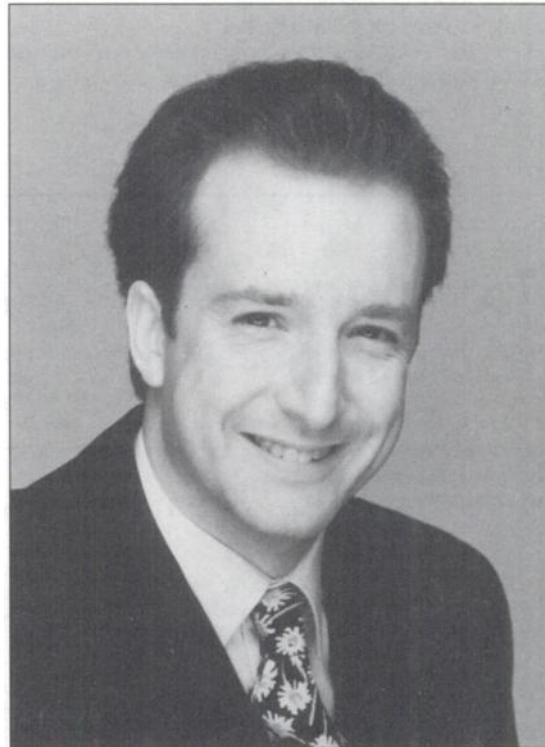
Perhaps an image consultant could somehow increase our stature. If psychiatrists had a stronger and more appealing image perhaps the stigmatisation of mental illness would be less. Certainly it would lead to less confusion in the media and so less in the general public.

The media image of psychiatrists is confused – gaolers, analysts, mind-readers, buffoons, or quirky, loudly-dressed eccentrics, are the first that come to mind. And I believe that this confusion is one of the reasons why the media have great difficulty in presenting psychiatry in a good light. For most of the media like to see things in black and white; a surgeon saves, a physician heals and a psychiatrist . . . you try to finish it off. This confusion is passed on to the public who are left to try to make sense of it. The result is ignorance and so a fertile ground for fear and stigmatisation.

Certainly a recent straw poll I conducted of patients attending an accident and emergency department for minor ailments had strange concepts of what a psychiatrist is. Only 50% thought that psychiatrists are medically trained, 75% thought that all psychiatrists are analysts, and not surprisingly none knew the difference between a psychologist and a psychiatrist. But, worst of all, 75% thought that Paul McKenna, the stage hypnotist, was a psychiatrist.

With this degree of ignorance, no wonder people are so resistant to getting psychiatric help, no wonder we see patients relatively late on in their illnesses and no wonder we get a mixed, confused and luke-warm press.

So how could we start to change things? Certainly an image guru would help but it may be that combating ignorance while producing an image would prove too much for even John Major's saviours. Drastic situations need drastic measures, and if we were in a business we would go to a public relations firm and have a multi-million pound relaunch – but our College is



*Paul McKenna, the television hypnotist – 75% of people believed he was a psychiatrist. Courtesy of Carlton Television.*

probably not in that sort of financial league. It could, however, 'relaunch' psychiatry with relatively little outlay if it employed an aggressive external relations policy and used its major asset. It has a wide-based specialty full of human interest stories, tales of distress which many people would recognise, either through their own problems or through those of their friends or family. I believe we should manage this material for the benefit of psychiatry and patients and that the College should open its doors to the media.

An active rather than reactive strategy could harness the full power of the media to inform people about the specialty and to preach mental health in the widest sense. This would be best done through individual experience and would need people in public life who have had mental

health problems to be employed in increasing awareness and de-stigmatising psychiatric illness. There would have to be high profile approved spokespeople and a public relations unit which courts the media. Television could be used more and the College could instigate documentaries about mental illness. Discussions could be started with television companies so that a mental health night or weekend coincided with the 'relaunch'. An annual National Mental Health Awareness Day could be planned, and

combined with bill-posters and even magazine advertisements.

This, however, would be just a start. An experienced public relations team could add to the list of possibilities. But if we did all the above well, we would have taken the first steps to producing a stronger, and better informed, image of who we are and what we are doing.

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## Training need or travelling roadshow?

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**Michael Shooter and Richard Williams put the spotlight on media workshops for psychiatrists.**

A weasel-faced man in battered trilby and dirty raincoat bludgeons a story from the innocent clinician; the intrepid guardian of the nation's conscience is frustrated by the obscure rantings of a latter-day Frankenstein. These are two easily recognisable stereotypes of media and psychiatry, nurtured through years of mutual mistrust.

There are three possible reactions to our fear of the media – to barricade ourselves against intrusion thus reinforcing the stereotypes; to bury our heads in the sand and hope that the spotlight will move on to another scapegoat; or to join with the media and use them to promote the cause of our clients. Over the last five years, the College has striven hard to develop more constructive relationships with the media through the central activities of the Public Education Department, its Regional and Section Public Education Officers and the bank of experts ready to talk to newspapers, radio or TV on matters of immediate public interest.

All this, of course, demands training. None of us is born a media star. Indeed, many of our quieter, hard-won 'listening' skills make it difficult for us to project ourselves and our subject. The College Officers are now given regular media training by outside professionals, but none of it would be much use without a change of attitude and skills among everyday clinicians. To this end, over the last three years, we have run a

whole series of media-training workshops within the programmes of College national, Division and Section meetings throughout the UK – 'bookable' with the right amount of notice!

Requests for our double act come in at least half a dozen times a year. Experience shows that these workshops run best over several hours with a group of participants small enough to remain intimate, large enough to simulate the pressure of an audience. Each opens with a general survey of the College's media aims and activities (the Defeat Depression Campaign, for example, or the series of Help-is-at-Hand leaflets, three million of which have now been distributed). This is followed by a look at the stereotypes we are trying to undermine, during which at least one of the presenters makes a fool of himself – in the interests of a more relaxed atmosphere, of course! And so to the meat of the business. Everyone now has a chance to be interviewed, twice, under the glare of TV arc-lights, in front of their peers, in as near a mock-up of a studio as we can make it, and to be videoed in the process.

On the first time through, the interviewee will have had minimal preparation, the interviewer is surly and interruptive and the whole affair may seem an ordeal. In between times, we have a chance to examine the replayed interviews in every facet of content and process, to offer advice on all stages of presentation from the initial approach to the tape-in-the-can and to practise ways of putting that advice into effect. By the second interview, all participants are guaranteed