Working with the media

Professor Patricia Casey of University College, Dublin explains why it is worth risking the microphones and phone-ins

Many doctors are fearful of becoming associated with the media in any form except the very narrow specialist print media such as academic journals and general medical newspapers. It is arguable that the stigma associated with psychiatric disorder would have diminished more rapidly, even if not extinguished totally, had our profession been less reticent.

Since I became Professor of Psychiatry at University College, Dublin in April 1991, I have been increasingly involved with all varieties of media. In that time I have learnt new skills, made mistakes and increased my workload but above all been stimulated and stretched imaginatively in a way that would not have been possible had I chosen to remain cocooned with the boundaries of my clinical and academic commitments.

It is not accidental that the same names and faces crop up on television, the radio and the press since willingness and availability feed the market. Once someone has appeared in the media the response is striking and invitation upon invitation will be extended. It is pertinent to ask if ability and expertise are associated with the process. I believe that the ability to communicate simply and clearly is an essential ingredient and vague generalisations if articulated on the airwaves or on television will be met with incomprehension. The task of the psychiatrist in this context is to clarify and simplify, not to obfuscate. I am not suggesting that inaccuracies should be propounded or that uncertainties and doubt cannot be voiced but rather that language should be used clearly and that when doubt is expressed it should be counterbalanced by current knowledge. In this way charges of woolliness and of being unscientific can be avoided.

The necessity to be an expert is not as clear-cut as it seems. Undoubtedly the first invitation to appear, write or comment will spring from the doctor's known expertise in an area. But once he or she is established as a good communicator, the dominant drive behind requests to comment may be availability. Having written on, say, mental health legislation, the psychiatrist may next be approached to discuss mental illness and poor housing. The two may seem unrelated but a simple comment in the first piece of writing about the problems of placement of patients after discharge may prompt an editor to invite a comment on housing, and later to a request to write on social breakdown in the inner city. Thus the doctor may contribute to a debate on issues increasingly tangential to his or her area of expertise. It is essential to judge each invitation on merit and if in doubt to clarify with the commissioning agent the rationale for it. The dangers of pontificating about areas in which one has little expertise are obvious and caution should be the motto.

A difficulty which is seldom addressed by media experts is the issue of either overt or covert misrepresentation. The former takes the form of misquotes, quotes out of context or failure by the journalist to grasp a scientific point. In particular this is likely to arise when professional conferences are covered by the national media. Difficulties such as these are relatively easy to prevent by requesting journalists to show you their commentary or by recording what you say. Should a misrepresentation occur, this can be corrected in the clarifications column carried by many newspapers or a letter can be sent to the editor. Covert misrepresentation, on the other hand, is more difficult to avoid and takes the form of a subjective impression about your interview by the journalist or more seriously a headline which places the wrong emphasis on your comment. If possible, liaise with the editor about the headline – although all editors will reserve their right in this regard and a letter to the editor may be necessary.

There is a view that only the readers of quality newspapers or the audiences of serious radio and television are worthy of weighty psychiatric input. Psychiatrists may therefore be reluctant to become involved with local or tabloid press or local radio. The findings of Barnes & Earnshaw (*Psychiatric Bulletin*, 1993, **17**, 673–674) confirm the superficial nature of comment in these media. However, stigma and stereotyping are more likely to prevail in the section of society served by these media. If your aim is to change attitudes then you must address all sections of society. It is not just the educated and informed who are worthy of informing and educating!

Psychiatrists are often invited to participate in a 'phone-in, discussing some aspect of the profession. Although a degree of censoring does occur by pre-assessing the callers, this is far from foolproof and some unsuitable calls do pass the filter. It is essential to avoid making a

diagnosis or commenting on a specific case history. A comment about management or diagnosis may undermine a patient's confidence in the treating doctor.

Appearances in the media are not for the faint-hearted or the person who shrinks from debate or disagreement. Moreover, the workload will increase, largely due to 'fan-mail', but sometimes due to misunderstandings and criticism. Inevitably one will unwittingly provoke debate, cause annoyance or even downright jealousy. It is worth all of this and more if ultimately attitudes to psychiatry and to our patients change.

Patricia Casey, *Professor of Psychiatry, University College, Dublin, Ireland*

Video news

Videotape review

When Our Baby Died

This video, and the accompanying book, have been produced by the team who developed the training video 'Death at Birth' for professionals involved in the care of bereaved parents. The video contains a series of interviews with seven families from a variety of socio-cultural backgrounds who have all experienced the death of their baby. Emphasis during the interviews is on their experiences of mourning. The video then goes on to show a group of parents being helped to communicate their feelings and experiences during a one day group. At the end of the video a list of useful organisations is provided. The accompanying booklet provides vignettes of each of the families who contributed to the video and their experiences, followed by sections entitled Ways of Grieving; Remembering; Memorials; Talking; Caring for yourself; Children and grief; Grandparents; and Parents of babies who died a long time ago. Again a list of useful organisations is provided and a bibliography.

This video has been produced to help parents facing the long process of mourning the death of their baby. It has been sensitively produced, and the families who contributed to it cover a wide range of emotional reactions and ways of grieving. However, I remain doubtful about the role of such a video in the care of families suffering this kind of traumatic experience. While it is extremely educative for professionals and lay people, I feel that many newly bereaved parents will be at too early a stage of grieving to cope with being exposed to the traumatic experiences of other families. I feel it would be appropriate for psychiatrists and others to recommend it at a later stage or else to use it within a counselling session where parents can be supported with the emotional impact of watching the video.

The booklet *Grieving after the Death of your Baby* is highly recommended.

GILLIAN FORREST

Tape details

Ratings	*Audience*
***highly recommended	P psychiatrists
**recommended	M multidisciplinary
*worth looking at	UG undergraduate
O no rating	PG postgraduate

When Our Baby Died

Production: Jenni Thomas, Nancy Kohner, Professional Care Productions Ltd.

Distributor: Professional Care Productions Ltd., 1 Millside, Riversdale, Bourne End, Bucks. SL8 5EB.

Details: £14.99; sale.

Rating/audience: *M.

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