



# **Public Education Handbook August 2009**

**Practical Advice on Working  
with the Media**

## Introduction

There is only one thing in the world worse than a psychiatrist appearing on television at the drop of a hat to talk about subjects way outside his / her areas of expertise, and that's an empty chair. Wild accusations can be made, unchallenged, and our work and our patients are misrepresented by a 'cynical media'.

Oh, but there's something worse even than that. A member of a vested interest group (insert your straw tiger here) will speak for us and our patients.

We can transpose that same empty chair into other settings: other media also have a deficit of properly-prepared psychiatric contributors. It takes relatively little to reverse this. If more members signed up to public education (see page 3), we could spread enquiries to colleagues who know most and can communicate best.

It's not hard work and requires a modest time commitment. This ranges from a simple press enquiry, 5 minutes to give a journalist some background, to briefing an editor of a popular website and radio programme makers or advice given to a television soap story editor.

We need more experts who are willing to go on and off the record. Don't leave it to colleagues to describe the complexities of the subjects closest to your heart. If you do nothing, mental health representations in the media will continue to include the sensational and stigmatising, as well as the 'adequate' coverage that would have benefited from another, better source of expertise.

We already have a strong list of spokespeople. Contact us to make it even better.

**Dr Peter Byrne**  
**Chair of the Public Education Committee**

## The College Press Office

The College press office receives more than 40 enquiries from the media every week. These range from a women's magazine wanting to speak to 'an expert' about postnatal depression, to a radio station looking for an immediate response to a new report or the latest NICE guidance (see page 17-18 for the College's list of topics).

To help us respond to these queries, we have built up a database of over 100 psychiatrists who are willing to speak to the press. But we are always looking for more.

Being a good media psychiatrist isn't something you're born with – anyone can do it if they learn the right skills. Speaking to journalists can seem daunting, but there are many techniques you can use to help ensure the interview goes the way you want it to. This handbook provides some suggestions, but there really is no substitute for practice. The more interviews you do, the more confident you will become.

People wanting to practice their interview skills in a non-threatening environment can take advantage of the free media training sessions which run each year during the Annual Meeting. Here, you will be interviewed by real journalists and perfect the art of defusing the killer question.

For more information about media training, or for general advice on handling the media, don't hesitate to contact the Communications Department:

**Liz Fox, Press Officer**

Tel: 020 7235 2351 ext.298  
E-mail: [efox@rcpsych.ac.uk](mailto:efox@rcpsych.ac.uk)

**Deborah Hart, Head of Communications and Policy**

Tel: 020 7235 2351 ext.147  
E-mail: [dhart@rcpsych.ac.uk](mailto:dhart@rcpsych.ac.uk)

## An introduction to the media

Journalists have a terrible reputation. Each year, the Royal College of Physicians of London commissions an opinion poll to find out which professionals the public trusts the most. And while doctors have topped the poll every single year since 1983, journalists have not enjoyed the same level of popularity. In 2009, just 19% of people said they trusted journalists to tell the truth – even fewer than trust politicians. But is this reputation justified?

Not all journalists are the same and some are more trustworthy than others. But ultimately all good journalists have the same goal – writing a story that will appeal to their readers. Most of the time, journalists are not trying to catch you out. They want to tell a story simply and quickly, and will often turn to an expert for a snappy comment to lend weight to their article. With a bit of practice, you can learn how to deliver the information they want.

### The benefits of media work

Properly handled, an interview is your golden opportunity to improve public awareness of mental health and influence the opinions of thousands or even millions of people.

Media work can bring a number of benefits to you as an individual, such as:

- Encouraging public interest in your work.
- Building your reputation as a good researcher or clinician.
- Bringing your work to the attention of colleagues and mental health professionals who may otherwise not be aware of it.
- Having fun – media work can be a rewarding and enjoyable activity.

There are also enormous benefits to psychiatry as a whole, including:

- Improving public understanding of mental health issues and reducing stigma.
- Improving public awareness of the research and work of psychiatrists.
- Promoting psychiatry as a valuable and exciting medical specialty, and attracting the next generation of psychiatrists.

### The risks of media work

There are, of course, some risks associated with media work. These may include:

- Being misquoted or quoted out of context.
- Being drawn into talking about areas outside your specialist area or about individuals (often celebrities).
- Attracting criticism from your peers.

Mistakes are inevitable, and are the price to be paid for any public education work. However, the PEC believes that the benefits of engaging with the media far outweigh the risks. Journalists work under pressure and if you don't respond to their requests, someone else will. It is better that psychiatric opinion is read and heard - even if slightly inaccurately – than that no opinion is given at all.

## Talking to the media – tools and techniques

Everyone will approach media work in their own individual way, but there are a number of simple rules to follow whenever you engage with the media.

### General advice

#### 1. Know your journalist

Most journalists work to incredibly tight deadlines, and are often looking for an expert comment on the spot. But while it's important to be able to respond quickly, don't be rushed into an interview without knowing all the facts. Take a few moments to find out:

- Who is calling – name of the journalist, the publication or TV/radio station they work for.
- What deadline they are working to – you may be able to ring them back (see point 2 below).
- Who recommended you as an interviewee.
- What the article/programme is about or what angle the journalist is taking.
- What are the main areas they want to cover.
- Whether they are speaking to anyone else.
- Whether the interview can be done over the phone, or if it needs to be face-to-face.

If you haven't heard of the publication or programme before, don't be afraid to ask for more information. You may need to tailor your response according to the target audience e.g. a mental health practitioner reading *Mental Health Today* magazine, or a member of the public reading lifestyle magazine *Marie Claire*.

#### 2. Don't feel pressurised

If you need time to collect your thoughts, offer to call the journalist back. But you must reassure them you that will call back by a given time, or they will go elsewhere for comment. If you have time before you are interviewed, talk to others – including non-psychiatrists – about possible 'angles' to the story. They may see an angle that you missed. In journalists' terms, the angle is the 'new' component that will get their story published or broadcast.

Try to anticipate the types of questions you might be asked. Journalists will often make links with other current issues in the news, so make sure you know what else is going on in the world that day or week.

#### 3. Stick to two or three main points

Journalists don't want to hear everything you know about a particular topic. Newspaper and magazine journalists must adhere to very strict word counts, and TV and radio reporters may only have a minute or two to tell their story. Decide on the key message or messages that you want to get across, and make sure you work them into the interview. If the question you are asked takes you off message, try working back to where you want to be with phrases like: "The really important point here is..." or "What we must remember is..."

#### **4. Keep it simple**

Avoid jargon and clichés and psychiatric terminology e.g. “patients present with” or “suicidal ideation”. Most members of the public won’t understand such terms, and it can be a real turn-off. Even fellow health professionals may not know what “parasuicide” is, or that having “positive symptoms” in schizophrenia is not generally a good thing.

#### **5. Illustrate your answers**

A thumbnail case history or anecdote can really liven up an interview - but make sure individual patients can’t be identified. Many people struggle to understand mental illness, so try using an anonymous case study to help illustrate what it feels like to have a mental health problem. It is also helpful to know some basic facts and figures.

Journalists will often ask questions like “How many people in the UK have bipolar disorder?” or “What percentage of young people have an eating disorder?” Most mental health promotion materials, such as the College’s information leaflets and factsheets, will provide you with these (<http://www.rcpsych.ac.uk/mentalhealthinformation.aspx>). The UK Statistics Authority also has useful figures on health and well-being, quality of life, suicide etc ([www.statistics.gov.uk](http://www.statistics.gov.uk)).

If you don’t have the numbers at your fingertips (and you are not in front of your computer), don’t guess. Your error will remain in print or online in the ether to haunt you.

#### **6. Remember you are the expert**

Be confident because you’re the expert – not them. Most of the time, journalists will have already decided on the angle of their story - or even have half-written it - before they phone you up. They’ll be looking for a quote to fit, so may try to cajole you into answering certain questions.

Stay calm, be firm, and don’t let yourself be dominated or interrupted by the interviewer. Try using phrases like “If I could answer your original question first...”, “If I can finish what I was saying...”, “I think the real issue here is...” or “I’ll answer that question at the end of the interview, but first I would like to say that...” Anyone watching or listening will just think the interviewer is being very rude. It is only stock answers from politicians that irritate audiences.

#### **7. Don’t answer awkward questions**

Sometimes journalists might try to coax you into saying something you’re not comfortable with. If you don’t feel you can answer a question, say so. Try a phrase like: “I don’t know about that, but what I can say is...” See page 12 for more information about dealing with difficult questions. It is particularly important not to comment on individual cases unless you have permission from the patient to do so. The College has produced guidance for members on talking to the media about public figures and well-known personalities (see page 14).

## **8. Stay within your area of expertise**

Never be afraid to say you don't know the answer to something if it lies outside your area of knowledge. If the interview isn't live, you can always refer journalists back to the College press office.

Even in a broadcast interview, it is acceptable to think out loud in declining to speculate: "These are the sort of patients I have experience of treating. I am afraid you are asking me something outside my area of knowledge".

## **9. Jump on untruths**

Always correct mistakes e.g. a journalist says: "I now have Dr Smith on the phone who is forensic psychologist and chairman of the Royal College of Psychiatry." If a journalist gives incorrect information, use a phrase like "No, I'm afraid that is wrong..." and clearly state what is the case.

## **10. Say whether you are representing the College or yourself**

It is important to make it clear whether you are giving the College's view or your own personal views. It's impossible to know every official College policy, so in doubt generalise e.g., "Most psychiatrists believe..." Where possible, in order to publicise the College, encourage the interviewer to mention that you are either a spokesperson for, or a member of, the Royal College of Psychiatrists. If you're unsure about College policy, you can always visit the College's website, or contact the College press office to find out if the College has a policy on a particular issue.

## **Press interviews**

The vast majority of newspapers and magazines will want to conduct interviews over the phone, rather than face-to-face. When a journalist contacts you, identify the areas they want to cover – in advance if their deadline allows. You may be able to ring back if you need time to prepare, but make sure you fix a time and stick to it.

It's worth considering the following points whenever you do a press interview:

- Most newspapers and magazines have an editorial line, which means the stories they write often have a particular angle or point they want to make. If you're not familiar with the publication, ask what the angle of the story is. If you don't like it, say no.
- Print journalists are highly skilled at getting the information they need. Sometimes they will ask you to comment on something 'off the record', with the understanding that this won't appear in print. This can work if you know the journalist very well and trust them. But don't assume that journalists will always respect confidences – it's their job to get the best stories, and they may think it's worth losing you as a contact in order to bag an exclusive. It's best to play safe and assume you are always 'on the record'. Don't say anything you would not be happy to see in print.
- Ask the journalist to clarify any questions that seem woolly or ambiguous. It is an art to communicate complex ideas in plain language, but don't be drawn into glib analogies when the subject is complex.

- Some topics are highly controversial (such as ECT) and there may not be a consensus. If so, don't be afraid to acknowledge the fact.
- When the interview is finished, go over any points you are worried might not be clear. It is also worth summarising your key messages again – this helps the journalist identify the most important points when looking back at their notes.
- Make sure the journalist has your name spelt correctly, and knows your title, professional background and specific areas of expertise.
- Give the journalist your contact details in case they want to double check something before the article goes to press.
- If you had a positive interview experience and feel comfortable with the journalist, tell them at the end of the conversation that you'd be happy to help them out again with future articles. This is the best way to start establishing a good relationship with journalists, based on mutual trust. They know they can get reliable and expert comment for their stories, and you know that stories will be covered in a responsible way.

## **TV and radio interviews**

Find out if the interview is going to be live or pre-recorded. If it is pre-recorded, ask if the tape will be edited. If so, and you make a mistake, you can apologise and ask to record your answer again. Bear in mind that pre-recorded interviews which last a long time, may end up being heavily edited. Think of a single, 20-second snappy 'soundbite' as this may be all they end up using.

Live interviews may only last a minute or two, so make sure you summarise your key points (no more than two or three) quickly and succinctly before the time runs out.

Consider the following tips when recording interviews;

- Read a newspaper or listen to the radio before your interview, so you are aware of the main news stories of the day. The interviewer may spring a surprise question.
- Try to agree the first question with the interviewer before you begin. That way you can get off to a confident start.
- Speak slowly and clearly. Keep your language simple and your sentences short. Try varying the pattern of your sentences to avoid monotony.
- Never use notes if you are on TV. Simple notes or reminders can be used for radio interviews, but make sure you don't end up reading them. And be careful not to rustle them.
- If the interview is on TV, listen carefully to the questions, listen to the interviewer and keep eye contact with them – as you would in a normal conversation. Don't look at the camera. Smile at appropriate moments – it will lend warmth and humanity to the interview.

- Sit back and relax in your chair. Keep hand gestures to a minimum. Never wring your hands, fiddle with your clothes or hands, or lick your lips. This can make you look shifty.
- Take every opportunity to show that you care about the subject. Be positive and proud of your profession and about your own role within it.
- Even if faced with a hostile interviewer, do not treat him or her as an opponent. Never lose your temper.
- Think about your dress – appearance matters on television. Dress smartly, as if you are going for a job interview. ‘Dressing down’ can be risky if you are discussing serious issues such as suicide or homicide. Avoid stripes, checks, red and white, distracting jewellery or garish ties. Also remember that studios are very hot places, so don’t wear too many layers.
- If you are offered make-up, always say yes – even if you don’t normally wear it. Being ‘shiny’ is not a good look. Most news presenters recommend that interviewees take along their own powder compact in case make-up isn’t available. You don’t need to plaster it on – just a light dusting.
- You may continue to be on camera or be recorded after the interview has finished. Assume you remain audible and on camera until the interviewer tells you the interview is over and instructs you to leave your seat, or switches off the microphone.

## **After the interview**

Take a few minutes to reflect on how it went. Did you manage to say everything you wanted to? What could you have done better? If the interview was on TV or radio, watch or listen again. Many people don’t like doing this, but it is useful to analyse how you come across. It might be worth asking a colleague or friend for their comments as well.

Accept that not every interview will go the way you wanted it to. Mistakes will happen, and you may find yourself misquoted or quoted out of context. If you are unhappy with the way a story is presented, or feel you have been misquoted, contact the journalist and the editor immediately to express your concerns. They may be able to print a correction. Alternatively, you could write a letter for publication (see page 15).

## **Monitoring press coverage**

The College has a national electronic media monitoring service which picks up most press coverage which mentions the College, *British Journal of Psychiatry*, *Psychiatric Bulletin* and any campaigns being organised by the College. We also pick up on the names of a number of individual members of the College who are on our media list.

However, stories can be missed – especially if they appear in local newspapers or magazines which do not put all their content online. Therefore, do inform the Communications Department if you are quoted and you think we might not have picked it up. Remember, if you mention the College you are more likely to be picked up.

## Working with the local media

Britain's regional and local media is incredibly powerful. A recent survey carried out by NS, the Newspaper Society, revealed that the local media industry is worth £4bn a year - reaching 40 million readers in print (over 80% of the UK's adult population) and 24 million online.

There are a staggering 1,300 core regional and local newspapers currently in circulation, and over 1,100 local news websites. On top of this, there are 750 local magazines and 36 local radio stations. And significantly, according to the NS, local media audiences are growing.

It is often very difficult to get stories about mental health into the national news. The national media, operating in a fiercely competitive market, is driven by a constant search for exclusives to help secure a greater number of readers or viewers. Their stories tend towards the dramatic, the sensational – even the hostile. And all too their stories often focus on the 'bad news' angle.

In contrast, the local media aims to provide more than just news – they bind communities together. They cover the issues that matter to local people, represent the interests of local people, and campaign for change at a local level.

So it's perhaps no surprise that research has shown people trust their local newspaper more than national newspapers. Local papers often have very loyal readerships, and thus have the potential and power to inform people's opinions and attitudes.

And, perhaps most importantly for us, the local media offers the chance to promote positive and educational messages about mental health and well-being that would never be given column inches or air time at a national level.

### Getting the local media on side

#### 1. Make yourself known to local journalists

It's much easier to get through to reporters, feature editors or producers in the local media than the national media. Pick up the phone to introduce yourself, or send them an email. Explain that you are a local psychiatrist, outline your particular areas of interest and expertise, and say that you are available for expert comment if they are writing stories about mental health.

Journalists work to extremely tight deadlines and often outside normal office hours. So, if possible, give them a mobile number that they can reach you on. It's unlikely that they'll call you that often for comment, so don't worry about being hounded.

If this approach feels a bit forward, consider responding to a relevant article that you have seen or heard. For example, if a journalist has covered a story related to mental health in a positive and constructive way, write to congratulate them. This could be a letter to the journalist personally (if so, clearly mark it 'Not for publication'), or an open letter for publication on a newspaper or magazine's letters page. For guidance on writing a letter for publication, see page 15.

Writing a response to a journalist directly can also provide an opportunity to say you are willing to assist with stories in future, or to suggest ideas for future articles.

## **2. Pitch ideas for articles or features**

Recently, many local newspapers have faced swingeing job cuts, largely due to falling advertising revenues. With fewer staff, the pressure is on journalists to file ever greater volumes of copy. Most journalists are thrilled to receive well-thought out suggestions for stories or features for them to cover.

You could even offer to be an expert on your local radio station's phone-in about health, or offer to write a regular column for your local newspaper about mental health and well-being. If this feels like too big a time commitment, try finding other psychiatrists through your local Division – you may be able to team up and share the workload.

## **3. Get a chance to influence the national news**

Local newspapers often break stories which are then picked up by the regional and national press. Some freelance journalists, called 'stringers', make a living by feeding stories to news organisations – and often scour local papers to pick up items.

There can, therefore, be real value in working with the local media. There's always a chance that what starts as a small story in the Littletown Gazette may make it big.

## **4. Don't be discouraged if things go wrong**

If you are in regular contact with journalists in your local area, you should be able to build up a relationship based on mutual trust. But things may not always go the way you want them to. The journalist who you thought had developed a good understanding of mental health issues may have their byline on an article that uses inappropriate and stigmatising language, or has the headline 'Vicious attack by local psycho'. Or you could find yourself misquoted (see page 4)

Don't let this put you off. Keep plugging away, keep making yourself available for expert comment, and over time this should encourage fairer, more accurate and more balanced reporting.

## Dealing with difficult questions

Most media requests are easy to answer as journalists are usually just looking for a good printable quote or soundbite. However, the Public Education Committee has identified some of the more controversial topics that psychiatrists may be asked to comment on. It's worth considering how you might respond if faced with these types of questions:

1. Recent reports show that acute in-patient wards are dangerous, dirty, understaffed places that need massive improvements if they are to become acceptable in a civilised society. What is the College doing about this?
2. What is the College doing to address the problem of closure of mental health services, and of Child and Adolescent Mental Health and Young Adult Mental Health Services?
3. Why does the College support psychiatrists who treat children and adolescents with powerful drugs that are not licensed for people under the age of 18?
4. Does the College approve of antidepressants/Ritalin being administered to children?
5. Side-effects of some of the older typical antipsychotic drugs can be so bad that patients stop taking them altogether. Why doesn't the College insist that all patients with schizophrenia are prescribed the newer atypical drugs, which have a better side-effect profile?
6. Research shows large numbers of people with dementia who are living in care homes are routinely prescribed anti-psychotic drugs. Why are psychiatrists allowing these drugs to be used as a potentially dangerous 'chemical cosh'?
7. Can the College prove that it is not guilty of institutional racism?
8. It is generally acknowledged that a high proportion of prisoners are mentally ill and should not be in prison, but in hospital. What is the College doing to address this scandal?
9. How does the College justify accepting sponsorship from the pharmaceutical industry when everyone knows that drug companies want something in return for the money they spend?
10. What does the College think about drug companies falsifying their research findings on certain antidepressant drugs? When such practices are uncovered, does the College have a procedure for advising its members not to prescribe such drugs?
11. The Government reclassified cannabis as a class B drug in January 2009. Does the College agree with this?
12. Is the College satisfied with the way ECT is being administered in Britain?

**Remember...**

Don't be forced into answering a question you don't want to. Steer the interviewer onto safer ground with a phrase like: "I don't know about that, but what I can say is..."

Always make it clear whether you are giving the College's view or your own personal view. It's impossible to know every official College policy so, if in doubt, generalise e.g. "Most psychiatrists believe..." or "Most psychiatrists would accept that..."

## College guidance on psychiatrists' professional opinions to the press

Journalists will often approach psychiatrists for their opinions about individuals whose behaviour – often criminal or violent – has caused public concern.

In these types of situations, members are advised to follow the Council approved guidelines produced by the Special Committee on Unethical Psychiatric Practices in March 1992. The guidelines, 'Psychiatrists' professional opinions to the press', were published in the *Psychiatric Bulletin* (1992), 16, 458.

The College encourages psychiatrists to provide the press with expert and up-to-date information. However, the guidelines state that "certain precautions need to be taken, especially when there is great pressure by the media for psychiatric opinions".

The guidance continues: "In these situations, it is essential that psychiatrists should

- (i) understand that they are absolutely entitled to make no comment;
- (ii) confine themselves to general statements about the behaviour under discussion and avoid instant opinions about individuals."

Psychiatrists should be particularly careful when the reporter is not known to them, or works for a tabloid known for sensational reporting – when the "reporting" is often the sub-editing of the reporter's original material.

The American Psychiatric Association has also produced ethical guidelines on this matter. Section 7.3 of its publication *The Principles of Medical Ethics* states:

"On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement."

**American Psychiatric Association (2008) *The Principles of Medical Ethics***

The College agrees with this principle. Speculations about persons whom a psychiatrist has never met could be damaging, both to the professional and to the profession as a whole.

The Communications Department is always willing to advise psychiatrists in their dealings with the media.

## Challenging the media

In July 2008, the College launched its new three-year Fair Deal campaign, dedicated to tackling inequality in mental healthcare. The campaign manifesto identifies eight priority areas, one of which is discrimination and stigma faced by people with mental illness.

The Fair Deal campaign recognises that the media are key influencers of public opinion, and play a vital role in the public perception of mental illness. But too often, the media is a source of negative stereotypes of people with mental illness. Media reporting of mental health issues can be unbalanced, inaccurate and even alarmist. A 2006 study by Shift, the Department of Health's anti-stigma campaign, found that the media tend to focus on rare incidences of violence linked to people with a mental health problem, feeding exaggerated public fears.

Twenty years ago, the stigmatisation of homosexuality and minority ethnic groups was widespread. With concerted campaigning, we can all make a difference to how mental illness is portrayed. One way of challenging inaccurate reporting is to complain, both as an individual and as a member of the College.

But don't forget that the media sometimes does a good job of portraying mental illness, and it is equally important to praise them when their reporting is fair and balanced. Over the years, the College's Communications Department has worked in partnership with its media experts to offer advice, materials, articles and interviews to the media. If you see a good programme or read a good article, you could contact the programmer or journalist to congratulate them. This is an effective way of developing a positive dialogue with the media, and may encourage journalists to cover other mental health issues in the future.

### Responding to media coverage

Seize the moment – it is best to respond while the article or programme is fresh in your mind, as well as the mind of the editor or programmer.

If you are concerned by the content of a television or radio programme, one option is to telephone the TV or radio station while the programme is being transmitted or as soon as possible afterwards. This can be followed up with a letter. Try to make your complaint as constructive as possible by suggesting how the programme could have been done better, as well as explaining your concerns.

Most newspapers and magazines have a letters page where people can publicly respond to recent articles. If your letter is for publication, make sure it is clearly marked. Consider following this practical guidance:

- Write a rough first draft immediately.
- *First revision:* Re-read your letter. Restrict your comments to a few key messages (three is ample). Edit the length down to 200 words – longer letters will be cut by the editor, or run the risk of being ignored completely.
- Have a break or sleep on it.
- *Second revision:* Edit again for clarity, brevity and directness. Ask a non-medical friend to read it - this is very important, as it's easy for psychiatric jargon to slip in.
- *Third revision:* Send your letter to the publication. If it is a daily newspaper, make sure you submit it before lunchtime. Include your full name, job title, telephone number and e-mail address.

## Taking complaints further

### Television and Radio

**Ofcom** is an independent organisation which regulates the UK's broadcasting, telecommunications and wireless communications sectors. Complaints about programmes or advertisements on TV or radio are assessed against the Ofcom Broadcasting Code, which lays down rules which broadcasters must follow.

The quickest way to lodge a complaint is via the website: [www.ofcom.org.uk](http://www.ofcom.org.uk). Every online form is read in full and considered for further investigation, if required. Complaints can also be dealt with by phone between 9am and 5pm, Monday to Friday: 020 7981 3040 or 0300 123 3333.

### Newspapers and magazines

The **Press Complaints Commission** (PCC) is an independent body which deals with complaints from members of the public about the editorial content of newspapers and magazines. All complaints are investigated under the editors' Code of Practice, which binds all national and regional newspapers and magazines.

The PCC operates a telephone helpline and it might be worth talking through your complaint with them first. Helpline number: 0845 600 2757. From Scotland call 0131 220 6652, and from Wales call 029 2039 5570.

Guidance on how to write a formal letter a complaint, along with a checklist of the information you should include, is available on the PCC website: [www.pcc.org.uk](http://www.pcc.org.uk). Letters should be addressed to Press Complaints Commission, Halton House, 20/23 Holborn, London EC1N 2JD. Complaints can also be submitted using an online form.

### Advertising

The **Advertising Standards Authority** regulates the content of advertisements, sales promotions and direct marketing in the UK.

The ASA recommends that viewers submit complaints using their online complaints form, which is available at [www.asa.org.uk](http://www.asa.org.uk)

Tel: 020 7492 2222

ASA, Mid City Place, 71 High Holborn, London, WC1V 6QT, United Kingdom

### BBC Programmes

BBC Complaints, PO Box 1922, Glasgow G2 3WT

Tel: 08700 100 222

Online form available at: [www.bbc.co.uk/complaints](http://www.bbc.co.uk/complaints)

### Commercial Television and radio ITV

Viewer Services, ITV plc, Gas Street, Birmingham B1 2JT

Tel: 0844 881 4150 (Mon to Fri 8am-7pm, Sat 10am-7pm, Closed Sundays and Bank Holidays)

E-mail: [viewerservices@itv.com](mailto:viewerservices@itv.com)

[www.itv.com](http://www.itv.com)

### Channel 4

Channel 4 Enquiries, PO Box 1058, Belfast BT1 9DU

Tel: 0845 076 0191 (Mon to Fri 9am-9pm, Weekends 10am-7pm, Public Holidays 10am-6pm)

Online feedback form available at [www.channel4.com](http://www.channel4.com)

### Channel 5

Five, 22 Long Acre, London WC2E 9LY

Tel: 0845 7 050 505 or 0207 421 7270

E-mail: [customerservices@five.tv](mailto:customerservices@five.tv) Website: [www.five.tv](http://www.five.tv)

## List of media topics

The College press office keeps a database of members who have expressed an interest in media work. Members are listed under the following topics, which reflect the wide range of queries the press office receives:

Accident & Emergencies	Addictions/Addictive	Criminality & Delinquency
Behaviour	ADHD in adults	Cults
ADHD in children and adolescents	ADHD in children and adolescents	Deafness
offenders	Adoption	De Clerambault Syndrome
Advocacy	Affective Disorders	Delinquency
Akithisia	Akithisia	Dementia
AIDS/HIV	AIDS/HIV	Deprivation/poverty
Alcohol Misuse	Alternative/complementary	Disability
medicines	medicines	Disasters
Alzheimers	Alzheimers	Divorce
Amnesia	Amnesia	Domestic violence
Amorphophilia	Amorphophilia	Down's syndrome
Anger	Anger	Drug misuse
Anorexia Nervosa	Anorexia Nervosa	Drugs (illegal/prescribed)
Antidepressants	Antidepressants	Dual diagnosis
Antipsychotics	Antipsychotics	Dysmorphobia
Anxiety disorders	Anxiety disorders	Eating Disorders
Arson	Arson	Ecstasy
Asperger's Syndrome	Asperger's Syndrome	ECT
Autism	Autism	Elective mutism
Automatism	Automatism	Employment/unemployment
Baby abduction	Baby abduction	Encopresis
Battle Shock	Battle Shock	Epilepsy
Befriending	Befriending	Ethical issues in psychiatry
Behavioural	Behavioural	Ethnic issues
Psychotherapy/Therapy	Psychotherapy/Therapy	Exercise and mental health
Benefits/Disability	Benefits/Disability	False memory syndrome (recovered)
Benzodiazepines	Benzodiazepines	Family therapy
Bereavement	Bereavement	Father kills mother
Body	Body	Female abuser
Image	Image	Female crime & sexual deviation
Brain damage	Brain damage	Firearms
Brain imaging	Brain imaging	Forensic Psychiatry
Bulimia Nervosa	Bulimia Nervosa	Forensic Psychotherapy
Bullying	Bullying	Fostering
Child Abuse	Child Abuse	Fragile X syndrome
Child & Adolescent Psychiatry	Child & Adolescent Psychiatry	Gambling
Child sexual abuse	Child sexual abuse	Gender issues
Children who sexually abuse/murder	Children who sexually abuse/murder	Genetics
Child trauma	Child trauma	Gilles de la Tourette's syndrome
Chronic Fatigue Syndrome	Chronic Fatigue Syndrome	General Psychiatry
Civil disorder/war/conflict	Civil disorder/war/conflict	General Practice
Classification	Classification	Grief (abnormal)
Cognitive therapy	Cognitive therapy	Gulf War Syndrome
Community care	Community care	Head injury
Cosmetic surgery	Cosmetic surgery	Hearing voices
Cot death/infant loss	Cot death/infant loss	History of psychiatry
counselling	counselling	Homelessness
Creativity	Creativity	Homicides & Inquiries
and mental illness	and mental illness	Homosexuality
		Hospice care and dying

Hostages	Professional burn out
Hyperactivity	Psychotherapy
Hypnotic drugs	Psychosis
Hypochondriasis	Psychopathic disorder
Hysteria	Psychiatric services
Incest	Psychoneuroendocrinology
Inner city issues	Psychosurgery
Infanticide	Psychopharmacology
Internet addiction/ethical issues	Psychosomatic Medicine
IVF	Rape
Jealousy	Recovered memories
Kidnapping	Rehabilitation Psychiatry
Kleptomania	Relationship problems
Learning Disability	Religion and spirituality
Liaison Psychiatry	Retirement issues
Manic Depression	Risk assessment
Marriage & couple therapy	Seasonal Affective Disorder
Mentally disordered offenders	Schizophrenia
Myalgic encephelitis	Self harm
Media & mental health	Self-help groups
Memory disorders	Sexuality
Menopause	Sexual crimes
Mental health legislation	Sexual deviance
Mental health promotion/prevention	Sexual dysfunction
Military	Sexual problems
Psychiatry	Sex offenders
Mother & infant attachment	Sexual therapies
Multiple Sclerosis	Shoplifting/shopaholics
Multiple personality disorder	Sick doctors
Munchausen	Sieges
Munchausen by proxy	Sleep & sleep disorders
Neuroimaging	Somatisation
Neuropsychiatry	Special hospitals
Neuroses	Speech & language disorders
Old Age Psychiatry	Stalking
Obesity	Steroids
Obstetrics	Stigma of mental illness
Occupational mental health issues	St John's Wort
Obsessive compulsive disorders	Stress
Organophosphates	Student issues
Paedophilia	Substance misuse
Pain	Suicide
Panic disorders	Tardive dyskinesia
Paranoid states	Terrorism Tics
Parasuicide	Torture
Parenting	Transcultural issues
Parkinson's disease	Transexualism
Personality disorders	Trauma
Phobias	Travel (psychological aspects)
Plastic surgery	Twins
Premenstrual tension	Unemployment issues
Postnatal depression	Victimology
Possession	Video nasties
Post-viral syndrome/fatigue	Violence
Postpartum psychosis	Vulnerable adults
Post-traumatic stress disorder	Women and crime
Prison psychiatry	Women's problems
Prisoners of war	