



Public Education Handbook 2017

**Practical Advice on Working
with the Media**

Introduction

As psychiatrists, we are highly skilled in communication. It is the bread and butter of what we do during our everyday working lives. Gaining rapport, piecing together complex information and feeding this back in an empathic and understandable way are all highly developed skills during our training. This should certainly put us at an immediate advantage when it comes to public engagement through the media.

Being put in front of a camera, speaking live on radio or being quoted in print can be daunting at first. What if I say something wrong? What if they don't believe me? What if they grill me and force me to give a comment that I regret? These are all understandable concerns.

If you really want to change opinion so that the public are better informed through providing a clear, balanced and evidence-based information, then do consider working with the media. It is the gateway to better public understanding, breaking down stigma and improving knowledge about mental health and illness.

I came into medicine with the aim of becoming a psychiatrist, with a strong interest in language and communication. I did my best to improve my communication skills through presenting at anything from day centres to national scientific conferences; as well as setting up my own website and contributing to public information leaflets. After completing media training at the Royal College of Psychiatrists, I tried my hand at coaching my children to the highest level of public speaking while they attended the London School of Music and Dramatic Art. At the same time, I developed skills in medical journalism through television, radio, blogs and newspaper articles. This gave me more confidence to continue improving my skills. There is always something new to learn. It is something of which we are all capable if we have the motivation and interest.

It is not something that you will be doing alone. There is always your College there to help you on your journey of communication and public engagement. The RCPsych communications team are formed of experienced public relations and media professionals. They are on hand to provide you with everything you'll need in advance of a media opportunity from liaising with journalists, to providing detailed policy documents on the subject area you'll be speaking about.

As we continue to grow our group of experts, we are always looking for more psychiatrists to join us. You may be one of them. If so, we look forward to working with you in an area that is both enjoyable and rewarding.

Dr Tony Rao
Associate Registrar for Public Engagement and Chair of the
Public Education Committee

The College Press Office

The College press office receives a huge number of enquiries from the media every week. These can 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 12-13 for the College's list of topics).

To help us respond to these queries, we have built up a database of dozens of 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 try to 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 RCPsych International Congress. Here, you will have the opportunity to be interviewed by real journalists, or psychiatrists with years of experience of working with the media, and dealing with tricky questions. RCPsych's Centre for Advanced Learning and Conferences (CALC) also holds an annual media training day which is open to all members.

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

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An introduction to the media

Journalists want to tell a story simply and quickly, without jargon, 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. You need to make yourself available, as there is often a tight deadline for an article or radio interview. They work to tight deadlines, and you will often need to make yourself available at very short notice. The media team fully appreciate that psychiatrists are extremely busy people and that media work can be time-consuming, so will help as much as possible to share the workload among different spokespeople. Faculty chairs and deputy chairs tend to get leant on more heavily, but it is important that the leading lights within our faculties are seen and heard to be airing their views. Publications will never use your interviews in full, but you will be briefed by the media team on how to get your messages across, including repeating them in different ways with the intention that however your interview is edited, your message will be heard.

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 several 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, 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

The RCPsych communications team are here to mitigate the following rare circumstances:

- 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 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 few 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. All media enquiries should be referred to the RCPsych media team who will help you deal with the enquiry quickly. It is crucial that media requests come through the press office so that College's communications can be handled in a strategic way. The RCPsych media team carefully vet all media request and will provide the following information when they brief you:

- Name of the journalist, the publication or TV/radio station they work for.
- What deadline they are working to
- 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.

You may need to tailor your response according to the target audience e.g. a mental health practitioner reading *Mental Health Today* website, or a member of the public reading lifestyle magazine *Marie Claire*.

2. 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. The RCPsych media team will help you decide on the key 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..."

3. 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.

4. 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 (www.rcpsych.ac.uk/info). The UK Statistics Authority also has useful figures on health and well-being, quality of life, suicide etc (www.statistics.gov.uk). Much of this basic information will be provided to you by the RCPsych media team.

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.

5. Remember you are the expert

Be confident because you're the expert – not them.

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...", "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..."

6. 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: "What we do know 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 13).

7. 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.

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".

8. 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.

The RCPsych policy team has prepared a 'Lines to Take' document which provides a simple guide to key messages in main College policy areas. The media team will brief you on these lines before any interview to ensure that what you say to the journalist chimes with official College policy.

Press interviews

The vast majority of newspapers and magazines will want to conduct interviews over the phone, rather than face-to-face. You will usually have time to prepare and rehearse what you want to say before the interview and the RCPsych media team will help you prepare key messages.

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

- 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.
- 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.
- 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 ways of condensing your message into snappy soundbites.

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 back to it. 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 RCPsych media team who will take the appropriate steps.

Monitoring press coverage

The College has a national electronic media monitoring service which picks up most print coverage which mentions the College, our journals 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. We also do not fully investigate broadcast coverage. 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. According to NS, the Newspaper Society, local newspapers are more than twice as trusted as any other media channel. Over 30.9 million people read a local newspaper every week – 61% of UK adults.

There are a staggering 1,100 regional and local newspapers currently in circulation, and over 1,600 associated local news websites. And significantly, according to the NS, local media audiences are growing.

Local media and trade press can offer the chance to promote positive and educational messages about mental health and well-being that may miss out on column inches or air time at a national level.

Dealing with difficult question

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. Over the years, many reports have shown that acute in-patient wards are dangerous, dirty, understaffed places that need massive improvements. What is the College doing about this?
2. Many mental health services are facing funding cuts, which will impact on patient care. What is the College view on this and what is it doing about it?
3. Does the College approve of powerful drugs such as antidepressants and Ritalin being prescribed to children?
4. Research shows large numbers of people with dementia are still being routinely prescribed anti-psychotic drugs. Why are psychiatrists allowing these drugs to be used as a potentially dangerous 'chemical cosh'?
5. Isn't ECT a barbaric treatment? Why is it still used and is the College satisfied with the way it is administered in clinics across the UK?
6. So-called 'legal highs' seem to be increasing in popularity. Does the College think they should be made illegal?
7. Rates of antidepressant prescribing have increased steadily in recent years. Why is this happening and are psychiatrists to blame?

Remember...

Don't be forced into answering a question you don't want to. Steer the interviewer onto safer ground with a phrase like: "What we do know is..."

Always make it clear whether you are giving the College's view or your own personal view. The RCPsych media team will help you get to grips with official College policy on the topic you are discussing.

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.

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

According to Time to Change, England's biggest campaign anti-stigma campaign, nine out of 10 people with mental health problems say they face stigma and discrimination.

The media are key influencers of public opinion, and play a vital role in the public perception of mental illness. According to a Time to Change evaluation published in the April 2013 issue of the *British Journal of Psychiatry*, there was a significant increase in the proportion of anti-stigmatising articles published in newspapers between 2008 and 2011.

But sometimes stories aren't quite as positive as we would like, and the media can be a source of negative stereotypes of people with mental illness. For example, 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.

With concerted campaigning, we can all make a difference to how mental illness is portrayed. One way is by challenging inaccurate media reporting, both as an individual and as a member of the College.

But don't forget that the media can do an excellent job of portraying mental illness, and it is equally important to acknowledge 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 thank 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. Or, if you have a Twitter or other social media account, you could share a link and a positive comment about it with all your followers.

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, alert the RCPsych media team as soon as possible.

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

Hostages
Hyperactivity
Hypnotic drugs
Hypochondriasis
Hysteria
Incest
Inner city issues
Infanticide
Internet addiction/ethical issues
IVF
Jealousy
Kidnapping
Kleptomania
Learning Disability
Liaison Psychiatry
Marriage & couple therapy
Mentally disordered offenders
Myalgic encephalitis
Media & mental health
Memory disorders
Menopause
Mental health legislation
Mental health promotion/prevention
Military Psychiatry
Mother & infant attachment
Multiple Sclerosis
Multiple personality disorder
Munchausen
Munchausen by proxy
Neuroimaging
Neuropsychiatry
Neuroses
Old Age Psychiatry
Obesity
Obstetrics
Occupational mental health issues
Obsessive compulsive disorders
Organophosphates
Paedophilia
Pain
Panic disorders
Paranoid states
Parasuicide
Parenting
Parkinson's disease
Personality disorders
Phobias
Plastic surgery
Premenstrual tension
Postnatal depression
Possession
Post-viral syndrome/fatigue
Postpartum psychosis
Post-traumatic stress disorder
Prison psychiatry
Prisoners of war
Professional burn out

Psychotherapy
Psychosis
Psychopathic disorder
Psychiatric services
Psychoneuroendocrinology
Psychosurgery
Psychopharmacology
Psychosomatic Medicine
Rape
Recovered memories
Rehabilitation Psychiatry
Relationship problems
Religion and spirituality
Retirement issues
Risk assessment
Seasonal Affective Disorder
Schizophrenia
Self harm
Self-help groups
Sexuality
Sexual crimes
Sexual deviance
Sexual dysfunction
Sexual problems
Sex offenders
Sexual therapies
Shoplifting/shopaholics
Sick doctors
Sieges
Sleep & sleep disorders
Somatisation
Special hospitals
Speech & language disorders
Stalking
Steroids
Stigma of mental illness
St John's Wort
Stress
Student issues
Substance misuse
Suicide
Tardive dyskinesia
Terrorism
Tics
Torture
Transcultural issues
Transexualism
Trauma
Travel (psychological aspects)
Twins
Unemployment issues
Victimology
Video nasties
Violence
Vulnerable adults
Women and crime
Women's problems