

**A Strategy  
for a Positive Relationship  
between  
Mental Health Services  
and the Press  
in Westminster.**

## **Introduction.**

*At a recent Conference of the World Federation for Mental Health, it was suggested that the British Press is the worst in the world as far as mental health issues are concerned. Both the tabloid and the broadsheet press reflect and help to perpetuate the stereotypes and stigma associated with being mad.*

*Every time a violent incident takes place in which a person with mental health problems is involved, all mental health service users suffer from the consequent publicity and public response of increased fear and suspicion. To a degree, some of the disappointing features in the new mental Health Act Green Paper are the result of the victory of the press distortion that both reflects and encourages public prejudice. It is not enough, therefore, to have a caring worker to support you, if you are a service user. You also need an effective strategy for dealing with the press.*

*The most important focus for a more assertive relationship with the press, is in the national arena. But that is for MIND and other national organisations to attend to.*

*Local services can only concern themselves with their own local press. This may not produce improvement sufficient to change responses to the major incident when it happens. But little by little it can help change a climate. By educating and changing perspectives on mental health, it can act at least as a counter-weight to the sensationalist distortions that continue at a national level.*

## **1. An ongoing relationship with the local press**

### **Comment**

*Mental Health services tend to wait for disaster to happen, and then when it does, they shut the door nervously on the inevitable press interest, leaving the story to be glossed over by some distant press officer ; next morning everyone is shocked and amazed that the stories published seem ignorant, sensationalist and even hostile. See, we all say, those bastards just can't be trusted.*

*In conference after conference on media relations, friendly and responsible journalists tell the caring professions that this defensive posture is the worst possible approach to take. It creates the treatment from the press they fear.*

*It would surely be helpful to establish a relationship of personal trust and mutuality with the local press and to ensure they are better informed on mental health issues.*

### **Proposals for Action**

#### **Initiative A**

A policy of assertive networking by allocated professionals within each locality (ie Paddington, Soho, Pimlico) to create ongoing links with individual local editors, or at least one key journalist on each paper, these links to include educating the journalists on mental health issues. The allocated individuals should perhaps receive some briefing on PR work from a respected Press Officer. They should perhaps do the networking in tandem with that officer.

It is pointless and overkill for each local mental health agency to pursue this policy. It is crucial that one individual is accepted by all the other mental health agencies and disciplines in a given locality to represent their interests.

Provider Forums are perhaps the best places for deciding who the person should be. Alternatively, the new Primary Care Groups.

The person chosen would need his/her employer's permission to reduce his/her case-load to enable him/her to undertake this extra duty.

#### **Initiative B**

As part of the policy of educating the local press, there should be regular "Open Days" planned in advance by the local Provider Forums, to which the local press (and others ?) would be invited.

The "Open Days" could take different forms. For example

a quarterly briefing on local mental health issues and developments by a senior manager.

a visit to a suitable unit laid on for the press - not for "gawping at the looneys" but to help the visitors realise both the realities and the good work being done in so many places every day of the week - for instance in Paddington, Birthday Bakers, the black people's Music Group, The Terrace Women's workshop, etc, etc.

## **2. Good Stories**

## Comment

*Again, the care services keep waiting passively for the negative. They leave it to the critics to set the agenda and frame the message. Meanwhile, every day, excellent work is going on, unrecognised and unacknowledged. Celebrating that work assertively could help to change the climate, correct the distortion, unscramble the spin.*

## Proposals for Action

The Primary Care Groups and/or the Provider Forums should have a “Good Story” as a standing item on their agendas, perhaps every three months. That item should result in a decision on what subject to run with, and a volunteer to write the story about it. That story should then go to the Press Officer for translation into a press release.

### **3. Working with the Press Officer**

## Comment

*Those of the Press who are friendly to the care services keep saying in the relevant conferences, that the care services shoot themselves in the foot by retreating behind thinly briefed Press Officers and otherwise barring their workers from speaking out. Consequently, for example, all the available footage is given to some angry relative fuming on. The case for the service concerned is restricted to a bland sentence or two delivered cautiously at hq.*

*The Press Officer in a large organisation is equipped and trained to deal with issues and techniques of publicising and publicity. They are good at presentation. They know what the Press are after and how to speak the language of the Press.*

*By and large the Press officers employed by Social Services Departments and Health Trusts are - understandably - less good at knowing the close, everyday detail of mental health work, the issues and difficulties that are associated with it, the skills and excellence that is commonplace in it, the local features and agencies that address it.*

*To do their job properly, each and every Press Officer therefore needs a close education in and contact with the local mental health services ; and - conceivably - an ongoing close relationship with allocated individuals within them.*

*But this is not enough on its own. Years ago, Kent Social Services accepted what the Press kept telling them - that Service stonewalling and an exclusive reliance on the Press Officer is counter-productive for all concerned. Consequently the Authority instituted the following system : particular staff across the Dept were trained in dealing with the Press and then trusted and empowered to talk directly to the Press ; so that when or if an incident took place, the Press had a professional to talk to, closely in touch with the situation.*

## Proposals for Action

Regular briefing by allocated personnel of all local organisational Press Officers in local issues and developments. A basic training in mental health to be offered, if necessary.

In addition, the adoption of the Kent model, adapted to London conditions - so that the Press have access to someone they can talk to able to speak from a practitioner’s point of view, with the result that the voice they hear is more than just a cautious organisational “line”.

*Rogan Wolf  
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