



Editorial: Mental Health and the Media

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Editorial

Mental Health and the Media

Earlier this year the Royal College of Psychiatrists together with the Royal College of General Practitioners launched a public education initiative entitled the DEFEAT DEPRESSION CAMPAIGN. Depression is one of the most commonly occurring and distressing conditions. At any one time about 3 million people in Britain are believed to be clinically depressed. Every year some 5,000 people kill themselves, the great majority of whom are believed to be depressed. It is common, easily diagnosed and eminently treatable yet as many as one in three sufferers remain undetected and many of those who are diagnosed are never properly treated. It is a largely hidden, misunderstood and feared condition.

But depression could well stand for psychiatric disorders in general. There is considerable public interest in psychological health and ill-health. The topic figures prominently in various media, - television, radio, newspapers, magazines and the cinema. The appetite for information appears insatiable. Yet there remains much public ignorance, suspicion and a fair degree of stigmatisation. Psychiatric disorders do not attract the same public commitment as measured in monies donated to research as, say, conditions such as heart disease, physical handicap or cancer. The most recently published figures show that the charity donations contributed to mental health by the general public amount to £6 million. This figure is dwarfed by the amounts given to cancer (£82 million), animals (£43 million), the blind (£40 million) and chest and heart disease (£13 million).

Yet demystifying psychological ill-health is no easy task. For one thing, those who are

afflicted by disorders such as depression, schizophrenia, crippling behavioural and neurotic conditions, do not find it easy, on recovery, to stand up in public and testify in the way that successfully treated diabetics or asthmatics do. While there is some progress here - sufferers from anxiety and panic, for example, have figured in a number of extremely informative and encouraging public accounts of such disorders and the success of treatment - in the main psychologically distressed individuals remain hidden. Insofar as there has been public discussion by actual sufferers it has been in the area of the arts - one thinks of the pianist, the late John Ogdon, the comedian, Spike Milligan, the novelist, William Styron, the Oscar-winning actress, Brenda Fricker - where it has been somewhat cynically suggested there is a much greater public acceptance of a link between psychiatric difficulties and professional success.

Another difficulty encountered by those struggling to improve public knowledge and awareness is the widespread use of allegedly specialised terminology in general use, words like "depression", "anxiety", "psychopath", "schizophrenic" and "demented". The fact that many of these self-same terms can be used by different professionals within the mental health field in somewhat different ways, professionals such as psychiatrists, GPs, psychologists and social workers, contributes even more confusion.

The DEFEAT DEPRESSION CAMPAIGN sensibly kicked off with a series of public and professional opinion polls to establish quite who knew what. The results are of interest. Most members of the general public do not know what depression is. Most

feel that physical illness is easier to sympathise with because it is easier to see. Most people consider counselling to be the best way to treat depression and certain life events such as bereavement, marital breakdown and loss of a job, as most likely to cause it. Antidepressants are not understood at all and are clearly confused with tranquillizers and regarded as seriously addictive. Yet the general practitioner is far and away the professional to whom most members of the general public would turn, for help with depression.

There are some hopeful findings too. Over 90% of the public polled agree that people who suffer from depression deserve more understanding and sympathy from their families, relatives and friends than they receive at the moment. A similar number agree that anyone can suffer from psychiatric ill-health while over half claim to have a close relative or friend who has suffered from depression. The public are anxious to possess more knowledge and the professions are anxious to share what they know but it remains difficult.

Another factor contributing to the difficulty is the aura that surrounds psychological dysfunction. The psychologically distressed are variously seen and indeed regularly portrayed in the media as dangerous, morally weak, infectious, unpredictable and incurable. Deaths by suicide are almost invariably considered mysterious, inexplicable, baffling. Dramatic crimes in which mentally disordered individuals are suspects or indeed perpetrators are highlighted in a way which suggests a much closer association between crime and psychiatric disorder than the facts support. Psychiatrists and psychologists (the media are quite unable to recognise the distinction) are variously regarded as omnipotent, incompetent, fraudulent, dangerous and downright homicidal. The very popularity of

psychiatric illness as a vehicle for drama further contributes to misunderstanding and uncertainty amongst the general public as to its precise diagnostic and treatment status.

However, it is wise not to be too gloomy. The pundits who wring their hands at the seeming anti-psychiatry of films such as *Family Life* and *One Flew Over the Cuckoo's Nest* now watch as the media, particularly television, threatens to develop a love affair with the technology of biological psychiatry - witness Colin Blackmore's documentary series *The Mind Machine* and the growing interest in molecular biology and the brain. Exposés of the abuse of involuntary incarceration in psychiatric hospitals, a popular subject for investigative journalism in the 1960s and 1970s, have given way to critical explorations of the deinstitutionalisation programme and the problems encountered by patients and their relatives when admission to a psychiatric hospital is required and sought. The hostility towards behavioural therapies, a feature of much intellectual criticism in earlier decades, has slowly eroded and there now appears to be a grudging acceptance of the usefulness of such approaches in the treatment of anxiety and phobic states.

The media, like the poor, will always be with us. Their interest in psychological matters, reflecting as it does the public interest, is constant and seemingly insatiable. This can pose a problem for psychiatry and psychology but it provides opportunities too. The professions involved would do well to consider a more pro-active approach than has hitherto been the policy. In that regard, the DEFEAT DEPRESSION CAMPAIGN is a very interesting and even courageous attempt to set a public agenda on psychological issues rather than wait for one to develop and then react.

Professor Anthony Clare