

From the Editor's desk

By Peter Tyrer

**Media and mental health:
recession followed by inflation**

One of the few accurate predictions that can be made about our current economic woes is that the current recession associated with deflation is going to be followed by equally dramatic inflation later. This is because we are now spending money that we do not have so it must be worth less, and inflation makes it so. The media tend to look at mental health issues in the same way. They recede from the subject for much of the time, mainly because of stigma and discrimination, and this is followed by righteous over-reaction, either in the form of scare stories or scandals, or as fantastic accounts of the strange world of mental illness, to which you are expected to respond 'wow'. Both of these have the same basic message – 'people who are mentally ill are freaks, sometimes nasty, sometimes nice, but still freaks'. An example of this comes from a paper in this issue. Although all these are embargoed before publication we already have one reaction to the paper by Baron-Cohen *et al* (pp. 500–509). This was published 3 months ago in the *Daily Mail*¹ after the results were presented at a conference. This pre-publication 'scoop' offers the opportunity of comparing the two reports. The basic finding of the paper by Baron-Cohen *et al* is that the prevalence estimate of all autism-spectrum disorders is about 1% using standard approaches but rises a little when whole school populations are examined, when some additional children with high-functioning autism are detected. The *Daily Mail* goes much further by proclaiming 'far more children have autism than previously thought', and that the research 'could have a major impact on public services in Britain with many more youngsters potentially needing a lifetime of special care'. To illustrate the implications a boy presumably with autism is photographed lying on the floor of a supermarket aisle. So a concern that some prevalence studies may miss some children who 'use strategies to mask their social and communication difficulties such as going to the computer room at playtime' (p.507) becomes elevated into melodrama, with quite inappropriate prediction of disaster.

Similar inflated expectation goes with the territory of post-traumatic stress disorder (PTSD), one of the few subjects in mental health that is widely reported in the media. The impressive study by Heir *et al* (pp. 510–514), showing that the recall of PTSD increases over time in those whose symptoms do not improve, illustrates the importance of paying attention to the 'numerous influences that affect how someone responds to a potentially traumatic event' (Greenberg & Wessely, pp. 479–480) rather than ritually linking event and response in rigid embrace. The excitement of the media in discovering delayed-onset PTSD may have succoured an ill-conceived condition that appears from the work of Frueh *et al* (pp. 515–520) to be so rare as to be undeserving of any special mention in diagnostic systems or in systematic analyses of treatment,² although this apparent absence is both disputed and supported by other data-sets.^{3,4} This tendency towards exaggeration in the media is not confined to mental health. When Olatunji *et al* (pp. 481–482) suggest that hypochondriasis should be labelled an anxiety disorder, already foreshadowed by the description of it as 'health anxiety',⁵ I cannot help reflecting on how much has changed in the past 30 years since I read Kenyon's classic paper⁶ and reminded myself that whenever I identified hypochondriasis I should look for the underlying depression. Why have things changed? Again, I suspect the media. When we have powerful posters with messages such as 'a chest pain is your

body saying call 999' I fear that for every person with early myocardial infarction identified by this heightened awareness there are ten others scrabbling for emergency attention and dramatically reinforcing the anxiety that is creating and complicating the management of their completely independent non-cardiac chest pain.⁷ Meanwhile, the physical needs of those with comorbid substance misuse and severe mental illness, which forever remain in the media background, are relatively neglected (Mitchell *et al*, pp. 491–499).

Fry 150, twitter and dine

Despite our unhappiness with some parts of the media we recognise their importance to us – if we just grumble and skulk in our tents, we can never bring knowledge and enlightenment to the wider public. We were therefore very pleased recently to be able to welcome Stephen Fry, commentator, raconteur and wit, to a fine dinner at the Royal College of Psychiatrists to celebrate his election to an Honorary Fellowship. Stephen, together with Kay Redfield Jamieson⁸ in the USA, have done more to destigmatise bipolar disorder through descriptions of their own experiences than a thousand learned articles can ever hope to do.

Stephen knows how to use the media and yet stay honest to himself by using the website Twitter, which advertises itself seductively as a service that lets people 'communicate and stay connected through the exchange of quick, frequent answers to one simple question: What are you doing?' Stephen has nearly half a million followers on Twitter and gave us an excellent example of its communication value within 24 hours of attending our welcome dinner. Robert Howard, our proselytising Dean, expressed great concern about the problems we have in selling psychiatry as a worthy profession and within hours Stephen passed on the message to his twittering public:

'Just had dinner at the Royal College of Psychiatrists. Real recruitment crisis. Come on med students – choose psychiatry! So needed.'

So my belief in the magic number of evolutionary psychology, 150, the Dunbar number,⁹ or the number of people that form a natural social group, was shattered by this revelation. With modern communications you can relate to hundreds of thousands yet never have to meet.

As Stephen has encouraged the development of poetic skills in all of us¹⁰ I felt emboldened to put into verse the small expectations we had of him to complete the honorary tasks ahead:

We welcome you, Stephen Fry

All of us, them and I

We hope you will solve our greatest enigma

Why mental illness creates so much stigma

The work is hard – you will be policed –

With time off only for a random feast

And when you've done you'll be a little older

But, we hope, a little less bipolar

- 1 Reid S. One child in 60 'suffers from a form of autism'. *Daily Mail*, 20 March 2009.
- 2 Hepp U, Moergeli H, Buchi S, Bruchhaus-Steinert H, Kraemer B, Sensky T, et al. Post-traumatic stress disorder in serious accidental injury: 3-year follow-up study. *Br J Psychiatry* 2008; **192**: 376–83.
- 3 Engelhard IM, Van den Hout MA, Weerts J, Arntz A, Hox JJCM, McNally RJ. Deployment-related stress and trauma in Dutch soldiers returning from Iraq: prospective study. *Br J Psychiatry* 2007; **191**: 140–5.
- 4 Bisson JI, Ehlers A, Matthews R, Pilling S, Richards D, Turner S. Psychological treatments for chronic post-traumatic stress disorder: systematic review and meta-analysis. *Br J Psychiatry* 2007; **190**: 97–104.
- 5 Seivewright H, Green J, Salkovskis P, Barrett B, Nur U, Tyrer P. Cognitive-behavioural therapy for health anxiety in a genitourinary medicine clinic: randomised controlled trial. *Br J Psychiatry* 2008; **193**: 332–7.
- 6 Kenyon FE. Hypochondriacal states. *Br J Psychiatry* 1976; **129**: 1–14.
- 7 Mayou RA, Bass C, Hart G, Tyndel S, Bryant B. Can clinical assessment of chest pain be made more therapeutic? *QJM* 2000; **93**: 805–11.
- 8 Jamieson KR. *An Unquiet Mind: A Memoir of Moods and Madness*. Vintage, 1997.
- 9 Dunbar R. *Grooming, Gossip and the Evolution of Language*. Harvard University Press, 1998.
- 10 Fry S. *The Ode Less Travelled: Unlocking the Poet Within*. Hutchinson, 2005.