



Lessons to be learnt from partnership

As a drugs team working initially with a harm minimisation strategy, we rapidly identified a wide range of issues in our patients' presentation, particularly issues concerning early life trauma and social exclusion, as well as the relationship between their drug misuse, offending behaviour and physical illness, particularly hepatitis C virus infection.

As can be seen, we have set up a number of partnerships that have begun to address some of these needs. This enabled the Cornwall Community Drug Team to concentrate on its task of harm minimisation and remedial psychotherapy, while at the same time sharing the care of its patients and their families with other agencies.

One of the main lessons we have had to learn from partnerships is that one has to share power with one's partners and be prepared to be flexible when working with other agencies. Thus, decisions concerning patients' treatment packages are now very much influenced by input from the relevant partners.

In achieving this, the most vital ingredient is trust and it is only by having a relationship of trust and respect between partners that a joint project can work. Much of the work we have had to do to set up our partnerships has involved building up this trust. One of the key

mechanisms of building trust we have found is joint training, where agencies will work together for a day, both providing training for the other agency in their own speciality.

Acknowledgements

In preparing this paper, I would like to take the opportunity to thank all the agencies involved: The Cornwall & Devon Constabulary; Cornwall Probation Services; youth justice team; child and family services; The Acute Trust; gastroenterology & obstetric services; and the staff of the Charity Recovery. I would also like to thank Vanessa Griffiths, clinical psychologist and Lorraine Rule, secretary.

References

- DEPARTMENT OF HEALTH (1995) *Tackling Drugs Together. A Strategy for England 1995–1998*. London: HMSO.
- DEPARTMENT OF HEALTH (1995) *Drug Misuse and Dependence: Guidelines on Clinical Management*. London: The Stationery Office.
- , SCOTTISH OFFICE DEPARTMENT OF HEALTH, WELSH OFFICE, et al (1999)

A. B. Charnaud Consultant Psychiatrist, Cornwall Healthcare Trust, Trengwethal Cottage, Penryn Street, Redruth, Cornwall TR15 2SP

Psychiatric Bulletin (2001), 25, 189–190

DEBORAH HART

Memoirs of a press officer

My first encounter with the media was about 17 years ago when Marjorie Wallace turned up at a College meeting. As the conference organiser, I was told by the then secretary of the College, Natalie Cobbing, to ensure that Marjorie was not admitted, as our meetings were closed to the press. In fact, the fear of God was instilled in the staff at that time about the press – no staff were to talk to the media. Disobedience could be seen as a sackable offence. Ironically, Marjorie Wallace is now an Honorary Fellow of the College in recognition of the work she has done in mental health, both as a journalist and campaigner.

Since 1971 the Council of the College had discussed the possibility of appointing a public relations adviser, but it was not until 1985 that it agreed to establish a Public Education Committee. I remember the discussions well because at the time it was a toss-up between introducing a College credit card or appointing a public relations (PR) company to promote psychiatry. Public education won by one vote and the College appointed a PR agency in 1986.

The College's first experience with the world of PR was an interesting one, in that following the highly successful launch of the book *Alcohol Our Favourite Drug*

(Royal College of Psychiatrists, 1986), the appointed PR company were informed by their main client, a major brewery company, that they had to choose between representing the College or them. You can guess what their decision was. On the very small budget that we had at the time, and still do have, an external PR consultant was appointed, Jill Phillipson, who has remained with us since then, as a stalwart and astute technical adviser. The role of public education in the College took a real turn for the better when the then director, Professor Brice Pitt, had the brilliant idea of producing our first *Help is at Hand* leaflet for the general public. The Committee, which consisted of six members of the College and staff, used to meet in a huddle in the bowels of the College. Much of our time was spent reading the leaflets out loud to each other to make sure that the language and contents were simple and user-friendly. This method proved very successful and two of the College's leaflets were awarded crystal marks by the Plain English Campaign. The Public Education Committee has now evolved into a Standing Committee of Council, with a membership of more than 25 people representing the different faculties and

special
articles

sections of the College and, with devolution, some of the divisions.

As the Press Officer of the College for almost too many years to count, there have certainly been times to remember. When a story hits the headlines the office is thrown into total chaos, with all the phones ringing and the fax machine whizzing. With some of these moments – for they are but fleeting moments in time, forgotten when the next day's news story hits the headlines – we may be prepared for the frenzy, others not. High spots include the launch of our first *Help is at Hand* leaflet (available from the College external affairs department upon request, tel: 020 7235 2351 ext. 259) on 'depression' and later on 'social phobias', which coincided with Christmas and its festivities – perfect timing.

The launch of the Defeat Depression Campaign attracted more than 80 journalists to its press conference. Nowadays, however newsworthy your story, you struggle to attract a dozen journalists. Fleet Street has moved on, partly to Canary Wharf, and most of the press these days are attached to their mobile phones, computers, e-mails and faxes, and do not have the time to leave their desks. And I have to be honest, there is nothing more depressing than having a wonderful line-up of speakers for a press conference, to which one solo junior (or even trainee) journalist turns up and shifts uneasily in his or her seat, watching the door and praying that someone else will come – the show must go on and they will have to think of at least one question to ask. And then there is always the expectation of the speakers to contend with as well. At the end of the day if no-one has turned up you feel always that it is all your fault! One such memorable event was when we organised a press briefing on schizophrenia, which only two journalists attended, both of whom had a relative who suffered from this disorder.

There have also been those historical moments when stories break and become world news. "Hairy men having superior intelligence" was one of them – this was a poster presentation given at the joint Association of European Psychiatrists/College meeting in London by Dr Alias from the USA. The Press Association rang me late that evening, before sending the story out, to check that the College had not gone 'mad' and that this was not an April Fool (despite being in July). However, Dr Alias found fame and fortune for a couple of weeks with coverage in the US and the rest of the world. Another story broke during a winter meeting in London with a presentation on genetics by Professor Peter McGuffin. A colleague was on holiday in Perth at the time and was astonished to find that the Royal College of Psychiatrists had hit the front page with this story in his local paper.

The world of the media, however, has its swings and roundabouts. The main reason for establishing the Public Education Committee was to ensure that psychiatry had a voice in the media. In the 1970s and early 1980s Mind was the only voice in the wilderness, and did not exactly represent the interests of psychiatry and psychiatrists. By establishing a press office in 1987, the College was at the time extremely innovative compared to other royal

medical colleges. We were the first college to produce materials for the general public.

The world of mental health has evolved since then, however, and with the emergence of a multiplicity of national mental health organisations with powerful political agendas, often critical of psychiatry, it is more of a scrum to get your voice heard. Each of these organisations have very active press offices, always willing to comment on any mental health issue. The media do not favour the voice of reason; controversy rules the day. In general, if you do not criticise or attack, then you are unlikely to get coverage. The old dictum 'good news is no news' still rankles and this can mean that on occasion the College gets sidelined. Then there are the days when you wish you had never come to work. You walk into the office and the first telephone call asks you for a member of the College to counter some findings or claims from an other organisation or government department that psychiatry is failing in some way. Why doesn't the College have a policy statement on X? In fact, if we had a policy document for every single issue that erupts in the media, then we would have no space for staff: "I mean surely the College should have a policy as to whether healthy people should have their legs amputated or not." And as you talk to the journalists or researcher, you know from the conversation that the agenda is fixed and it's a no win situation. We take a policy decision not to comment, then the membership is critical of the College because our voice has not been heard. We don't have to counter every emotive and biased claim. It is at moments like this that I am eternally grateful to those Members who have been willing to speak for the College at very short notice and with very little briefing. We now have too many spokes-persons to list.

Those are the bad days, however. We have had plenty of coverage for the thousands of trees that this department had destroyed by issuing press releases, we still get coverage. Times change and it is more of a challenge to fight our corner. Competition is stronger and for the 300 press releases a week that land on journalists' desks, we still succeed in getting our share of column space or radio and TV time.

And it should not be forgotten that a lot of excellent work is going on at a divisional level by enthusiasts who originally got the bug from the College. The new medium is e-commerce, as all the papers continuously remind us. We are regularly contacted by media websites running mental health stories or wanting to publicise our releases on their sites and we are also about to make audio-files of our public education materials. So, we are keeping up with a rapidly changing world.

Reference

ROYAL COLLEGE OF PSYCHIATRISTS
(1986) *Alcohol Our Favourite Drug*.
London: Tavistock Publications.

Deborah Hart Head of External Affairs, The Royal College of Psychiatrists,
17 Belgrave Square, London SW1X 8PG