in the synthesis of prostaglandins from arachidonic acid (AA), is associated with schizophrenia.

SCHIZOPHRENIC SYMPTOMS AND DIETARY INTAKE OF N-3 FATTY ACIDS

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There is evidence that certain n3 and n6 essential fatty acids (EFAs) are depleted in cell membranes from red blood cells (RBC) and brains of patients suffering from schizophrenia. If these findings are of primary significance then the possibility is raised of modifying schizophrenic symptomatology by dietary supplementation with fatty acids. We have carried out detailed analysis of dietary fatty acid intake of 20 schizophrenic patients. It was found that a greater intake of n3 fatty acids and particularly eicosapentenoic (EPA) in the normal diet, was associated with less severe schizophrenic symptoms and particularly less positive symptoms, as well as less tardive dyskinesia (TD). Furthermore, supplementation of the diet for 6 weeks with 10 g/day of concentrated fish oil (MaxEPA) resulted in significant amelioration of both schizophrenic symptoms and TD.

THE RELATIONSHIP BETWEEN PLASMA FATTY ACID CONCENTRATIONS AND MOVEMENT DISORDERS

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It has been postulated that dyskinesia may be attributable to the schizophrenic disease process rather than to its treatment. This is in line with the hypothesis that a putative organic vulnerability may cause dyskinesia to emerge even without exposure to neuroleptics. In the present general population survey of dyskinetic phenomena, no 'a priori' assumption was made of their cause.

Spontaneous and tardive dyskinesias were studied in a random population sample of 446 men, aged 59 years. Dyskinesia (AIMSscore of ≥ 2 in any body part) was seen in 15.1% (n = 74). Dyskinetic men had higher cigarette consumption, more psychiatric morbidity and they were more often exposed to neuroleptics. *Dyskinesia was associated with several abnormalities in Essential Fatty Acid (EFA) concentrations in plasma, but the most consistent finding was low arachidonic acid (AA) levels* in phospholipids, triglycerides and cholesterol esters. In a logistic regression model, cigarette consumption ($p < 0.02$), exposure to neuroleptics ($p < 0.01$), and low AA levels in the phospholipid fraction ($p < 0.0001$) were independently associated with dyskinesia. Further analyses of our data indicated that impaired conversion of linoleic acid (LA) to AA is a problem in dyskinesia.

Conclusion: Dyskinesia is associated with EFA abnormalities. These abnormalities are present also in individuals who have not been exposed to neuroleptics and who have no psychiatric disorder. The results are compatible with the free radical hypothesis of dyskinesia, but they also indicate that impaired conversion of LA to AA contributes to the low EFA levels seen in dyskinetic men.

S59. Psychiatry and the media

Chairman: A Clare

'MINDERS' — A TV YEAR WITH A CMHT

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Minders was a series of six programmes broadcast at prime time on BBC2 during May and June 1995 to an estimated audience of just under 2,000,000. Most of the programmes were for half an hour although two were extended. Most episodes focused on the experience of an individual patient centering on their contact with the mental health team. The programmes were ground-breaking in the way in which they obtained access to acute mental health crises, including police involvement in compulsory admissions and even the filming of an appeal tribunal against detention.

The reasons for agreeing to take part and the details of agreements between managers, staff and patients will be outlined. The mechanics and ethics of obtaining informed consent were complex. There were a whole series of complications which could not have been foreseen (e.g. dependency on the TV crew, family involvement and rights, differing staff responses and involvement of other patients).

Response to the series varied very much between different groups. It was also sharply divided between that to the first programme 'Whose Mind is it anyway? John's story' and the other five. 'Whose mind is it anyway?' charted the compulsory admission and care of a young black patient suffering from schizophrenia in such a way that most viewers were left confused about why he was admitted in the first place and outraged at the perceived effects of his treatment. As staff we felt betrayed and grossly misrepresented. The issues which led to this state of affairs has many lessons for those considering co-operating with the media.

Overall, however, we felt that the programmes gave a sympathetic and honest portrayal of the untidy reality of suffering from a mental illness. This may act as an antidote to the oversimplified sound- bite approach so common in this field. Hopefully it will help generate a more realistic debate about the problems inherent in modern mental health care. It has undoubtedly removed some of the barriers to further such programmes which hopefully will build upon its achievements and not repeat its failures.

THE PSYCHIATRIST AS MEDIA INTERVIEWER — FINDING THE LIMITS

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The growing participation of professional psychiatrists within radio and television raises a number of important ethical questions concerning the limits of enquiry and the exploitation of subjects interviewed. Concerns regarding the abuse of psychiatric power and the devaluation of the image of psychiatry and psychiatrists are considered in this paper as are the similarities and differences between the roles and responsibilities of professional journalists and professional psychiatrists participating in the media. Questions considered include: Are psychiatrists justified in acting as interviewers in the public media? Is a degree of unacceptable manipulation involved in such interviews? How are appropriate limits set to both the content and the method of such interviews? In the light of this experience, the author, himself a psychiatrist who has participated within the British and Irish media for more than twenty years, puts forward certain guidelines which should govern the behaviour of psychiatrists

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in the media. These concern such issues as the proper professional discussion and analysis of prominent public people who are dead, who are alive but not active and collaborating participants in the media interview or discussion, or who are quite willing and prepared to be interviewed in depth concerning their lives and experiences and those of their family and friends.

BETWEEN ANXIETY AND AGGRESSION, PHYSIOLOGICAL AND PSYCHOSOCIAL EFFECTS OF TELEVISION VIOLENCE

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During a series of experiments (n = 1042), which were performed at the University of Mannheim in 1994/95, non-pathological subjects were confronted with violent scenes taken from films and news programmes. The measuring of physiological indices (heart rate and skin conductance level) as well as several psychosocial tests took place, stating among other things the level of anxiety, empathic concern, locus of control and pro-social attitude. The aim of this study was first to determine individual reasons for exposure to violent programmes and second to examine the effects of TV violence exposure on adolescents and adults.

The analysis of motif showed that it is mainly the personality variables *anxiety, aggression* and *external locus of control* which raise the level of feeling attracted to horror films. The preference of action films was equally stimulated by anxiety and aggression, but in contrast to horror-films also by internal locus of control, i.e. the viewers of action films were convinced that they led a self-determined life. Emotional distress upon watching bad news, such as reports about plane crashes or earthquakes, and war reporting in news programmes is also dependent on psychosocial characteristics: on anxiety, emphatic concern, inhibition of aggression and scary-world-views. For different violent programme formats specific psychosocial profiles can be found which give cues for psychosocial functions of TV violence and which can readily be explained by variants of emotion management.

Whatever the psychosocial value may be, it remains unclear at what cost for the individual the reception of TV violence takes place. The desired effects, which are the reason for a person's voluntary exposure to media violence could be accompanied by undesired and potentially harmful side effects which may even outweigh the personal gratification.

Seven reception experiments were carried out to find an answer to this problem. In the experiments, psychosocial effects were tested by a pre-post-measuring, where the subjects were requested to fill in a questionnaire some time before and immediately after the experiment. The level of arousal was measured throughout the watching of film clips depicting different degrees of violence.

Contrary to our hypostasis, there was no increase in the level of aggression; anxiety, however, increased notably on the postreceptive level. At the same time, a reduction of empathic abilities and tolerance was found to have taken place. These rather ambivalent effects show that viewers do not automatically take the perpetrator's role when being offered violence models, but they also feel the negative impact of violence on the victim. Our subjects showed extremely high physiological arousal especially when being confronted with pictures of wounded victims, which made the negative effects of violence drastically clear. In these cases, empathy with the victim led to empathic personal distress, to which many subjects reacted with strong aversion. As a consequence of this defence reaction it seems that the most cruel scenes are the ones that reduce empathic concern the most and at the same time also reduce aggression.

The results of this study lead to the conclusion that the presentation of victims rather than perpetrator models need to be taken into consideration when judging media violence, as they exert a strong influence on the emotional and cognitive effects of TV violence. The same is true for bad news which are especially "attractive" for the reason that they are seen from the victim position. On the one hand they produce the arousal process desired by many viewers, and on the other hand they give the viewers the reassuring feeling that he finds himself in a much more pleasant situation than the victim on the screen. Questions of media effects must not be limited one-sidedly to a discussion about aggression, but the relevant variable for the impact of reception must be seen in the mediation of anxiety. It remains to be discussed how capable viewers are in managing the flood of anxiety stimuli. A critical point is reached when the recipient of TV violence finds himself in a vicious circle of anxiety with unforeseeable consequences for himself.

FLIRTING WITH THE MEDIA — SHOULD PSYCHIATRY MARRY OR DIVORCE A FICKLE TEMPTRESS?

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Accompanying the recent establishment of press offices in some new NHS trust hospitals. Various doctors' organizations including The British Medical Association and some Royal Medical Colleges now offer media training courses for doctors. Yet for already overburdened clinicians exactly how necessary is it to develop media relations skills? The author's experience of working in the usa suggests European psychiatry lags behind the north american profession in their relationship with the media. This paper argues of all medical specialties, there is a pressing need for european psychiatrists to be particularly concerned with their representation in press and broadcasting. Unlike the rest of European medicine, European psychiatry already has public image problems requiring repair, and which influence funding of the evolution of the specialty through research and clinical development, as well as determining recruitment. The nature of most psychiatric disorders is to render compliance with supervision and treatment more problematic than in the rest of medicine. Yet this is worsened by a public perception of stigma and ineffectiveness. A small proportion of treatment failures are likely to result in spectacular events attracting media concern, while treatment success eludes public attention, producing a natural structural negative imbalance in the information reaching the public about the benefits of psychiatric expertise. However problems inherent in meeting the demands of the media industry combined with the ambivalence of the medical profession, are likely to only exacerbate present problems. In the light of the author's positive and negative experiences of assisting the Maudsley hospital's press office and regularly writing for national newspapers, as well as broadcasting on national radio and tv (resulting in being recently described by the independent newspaper as the "undisputed king of the media shrink pack" and by the guardian newspaper as the "crown prince of media dons" various solutions are considered.

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