

implementation of research findings. *BMJ*, **317**, 465–468.

GRIMSHAW, J. M., THOMAS, R. E., MACLENNAN, G., et al (2005) Effectiveness and efficiency of guideline dissemination and

implementation strategies. *International Journal of Technology Assessment in Health Care*, **21**, 144–150.

THOMPSON, A., BARLEY, M., SULLIVAN, S., et al (2007) The DEBIT

trial: an intervention to reduce antipsychotic polypharmacy prescribing in adult psychiatry

\*Sarah Sullivan Research Associate, University of Bristol, Academic Unit of Psychiatry, Cotham House, Cotham Hill, Bristol BS6 6JL, UK, email: sarah.sullivan@bristol.ac.uk, AndyThompson Honorary Clinical Lecturer, University of Bristol

wards – cluster randomised controlled trial. *Psychological Medicine*, **38**, 1–11.



education & training

*Psychiatric Bulletin* (2008), **32**, 149–150. doi: 10.1192/pb.bp.107.017319

MONA FREEMAN AND JAMES STODDART

## Back to basics – getting involved in public education

Being a doctor nowadays is not a role which automatically raises one's status and brings one respect. Our treatment plans and advice are no longer accepted without discussion and/or often compromise. Our patients are now familiar with technical jargon and often come to appointments armed with the 'latest research' or up-to-date National Institute of Health and Clinical Excellence (NICE) guidance, which can make such consultations feel more like flashbacks to the Part 2 clinical exam. With an increasingly informed and sometimes critical public regarding all aspects of health and medicine, it is imperative that we, as psychiatrists, are at the forefront of providing information about the illnesses and conditions we treat. Essentially, such information for the public must be easy to understand, accurate and unbiased.

With this in mind, we enthusiastically applied to join the Public Education Editorial Board of the Royal College of Psychiatrists. This is a subcommittee of the Public Education Committee of the College which since the mid-1990s has been producing high-quality, evidence-based, award-winning public education leaflets about all aspects of mental health. We were hoping to find an interesting and productive use to our research time that did not involve filling in yet more ethical approval forms, and we were not disappointed.

### The role of the Public Education Editorial Board

The Public Education Editorial Board was formed in 2002 with the task of developing and reviewing the public education leaflets, some of which had a traditional prescriptive approach rather than providing something more empowering for patients that would enable them to make better-informed choices for themselves. The College also wished to seek independence from the pharmaceutical companies which until then had sponsored the leaflets and covered printing costs (Timms *et al*, 2005).

The board is thus involved with all aspects of the planning and distribution of information about mental illness to the public: from deciding which topics to cover and seeking the involvement of partner organisations, to critically appraising the information (once written or

commissioned) and seeking the views of service users prior to the launch of a new leaflet. Each new leaflet usually commences as an idea of a College member, or occasionally a member of the public, who has identified a 'gap' in the available mental health information. Less commonly, a fully formed leaflet already in circulation locally is sent to us in the hope of wider dissemination. The board would then ask an expert in the field to write or comment on the leaflet as appropriate. We would then edit, appraise and launch the leaflet. New leaflets are advertised to College members on the College website and they are freely available there. In addition, the majority exist in print and they are distributed on request to a wide range of organisations – from general practitioners' surgeries and hospital trusts to health shops and even the forestry commission. They are regularly reviewed, ensuring feedback from the public is used constructively and that the information remains up-to-date.

### Our roles

As specialist registrars on the board, our main task was to each produce a new leaflet on a topic of our choice, under the supervision of one of the board members. This involved planning, researching, writing, appraising and editing the leaflet. Apart from this, we were also able to get involved in the editorial process of other leaflets already in the pipeline. The editorial board is a small team, a mix of jobbing consultant psychiatrists and members of the External Affairs department of the College. We were warmly absorbed into the group and were given a good insight into what it is to be an editor: deciding on what is topical and pertinent, thinking of whom one could commission to write the leaflet, and then once written, appraising and editing the work. To aid appraisal, we were introduced to DISCERN – a brief questionnaire developed at the University of Oxford ([www.discern.org.uk](http://www.discern.org.uk)). This is the first standardised index of quality of consumer health information and it provides a valid and reliable way of assessing the quality of written information on treatment choices for health problems. It can also be used by authors and publishers of information on treatment choices as a guide to the standard which users are entitled to expect.



education & training

The DISCERN questionnaire focuses in particular on whether the information is clear, complete, unbiased, and whether it discusses all treatment options including the risks and benefits. Leaflets should encourage shared decision-making, include references and provide sources of further information to score highly on the scale. Usually two board members appraise the leaflet separately against the DISCERN criteria, and authors are encouraged to revise their texts accordingly, aiming for an overall DISCERN score of 4–5/5. The questionnaire is a straightforward tool to use and relatively quick to implement. Although some leaflets lend themselves more readily to this type of assessment than others, the board find it an invaluable help in assessing the quality of the draft leaflets.

Our leaflets are now completed – one on personality disorder (Stoddart, 2007) and the other on resilience for children and young people (Freeman, 2007), both available on the College website. In our work on the leaflets, we each faced unique challenges, but the lessons learnt were the same for all: learning to avoid jargon and convey a message that is readily understandable, scientifically accurate and evidence-based. It was equally important to ensure that in using lay language, one did not 'dumb down' the information or patronise the readers. We may, as psychiatrists, believe ourselves to have communication skills that are better than most on the social scale, and we may pride ourselves on our abilities to convey information and understanding to our clients, but it is a very different skill to be able to use in this regard the written, rather than spoken, word. Our time on the board has certainly given us an insight into these complexities and we hope to continue to hone these new skills in the future.

### Spin offs

In most cases, to have a piece of one's work published needs a spot of luck and being in the right place at the right time. Being involved with committees like this one helps one to get recognition in the field and as a result one may find oneself contributing to various projects, which may prove to be an exciting and rewarding experience. As members of the Public Education Editorial Board, we have contributed to three publications (in addition to leaflets) directly or indirectly linked to public education in psychiatry (Freeman & Khalifeh, 2006; Stoddart, 2006; Freeman & Khalifeh, 2007).

## How to get involved in public education

We hope that this article will inspire trainees to apply to join the Public Education Editorial Board, and that as members they will design and produce their own public education leaflets for the College. However, this is not the only way to get involved in public education. You could think locally and produce something for your ward patients or your trust, on anything relevant to your subspecialty and knowledge base. Have a look at the sort of information that is given out already; some of it may be very good, but a lot of it is probably out of date or in need of a significant 'facelift'. Be opportunistic – if a systematic review has recently been published relating to your field of expertise, how about translating it into something helpful and informative for your patients?

### Final thoughts

Our message is simple: get involved. If the information the public has access to is unbiased and evidence-based, unlike what they may read in the popular press, it is not only empowering for them, but it will ultimately make our jobs easier.

### Declaration of interest

M.F. and J.S. are currently members of the Public Education Editorial Board.

### References

- FREEMAN, M. (2007) When bad things happen. Royal College of Psychiatrists.
- FREEMAN, M. & KHALIFEH, H. (2006) The brain. In *The Brain Manual* (ed. I. Banks), p. 2–10. Haynes.
- FREEMAN, M. & KHALIFEH, H. (2007) Your brain and how it works. In *The Mind – A Users Guide* (ed. R. Persaud), p. 9–17. Transworld Publications.
- STODDART, J.W. A. (2007) Personality Disorder. Royal College of Psychiatrists.
- STODDART, J.W. A. (2006) An SpR's experience serving on the College's Public Education Editorial Board. *Pre-Membership Psychiatric Trainee Handbook*. Royal College of Psychiatrists.
- TIMMS, P., HART, D., COHEN, A., et al (2005) 'Help is at Hand' on the web – what do our readers think? *Psychiatric Bulletin*, **29**, 24–27.
- \***Mona Freeman** Specialist Registrar in Child and Adolescent Psychiatry, Tavistock and Portman NHS Foundation Trust, London, email: mona.freeman@nhs.net, **James Stoddart** Locum Consultant in Forensic Psychiatry, Bamburgh Clinic, St Nicholas Hospital, Newcastle-Upon-Tyne