

---

responsible for the medication) was interviewed using a semi-structured questionnaire based on the Central Manchester Healthcare Trust Directorate of Psychiatry Drug Advisory guidelines for the administration of lithium. Fifty-six per cent of people understood why they were taking lithium and 18% had partial understanding. Seventy per cent said they had received no written advice regarding lithium treatment and a further 22% could not remember whether they had received written advice. Only 33% could remember receiving verbal advice. Thirty-seven per cent were aware of the possibility of drug interactions. Only 22% knew the symptoms of toxicity. Seventy-eight per cent would contact their doctor or nurse if they thought something was amiss and another 7% would stop taking the drug and then contact a doctor/nurse.

Anderson & Sowerbutts concluded that lithium education in more than one form affected patients' level of knowledge. We concluded from our audit that practice should change. Currently people started on lithium are given written and verbal information at initiation of treatment. We suggest that this should be supplemented by repeat information annually.

JOSEPHINE SIMPSON, *Medical Student, and SUSAN M. BENBOW, Consultant Old Age Psychiatrist, Carisbrooke Resource Centre, Wenlock Way, Gorton, Manchester M12 5LF*

### **Unlawful discrimination**

Sir: I enjoyed Glozier's article (*Psychiatric Bulletin*, January 1999, **23**, 3–6), concerning the Disability Discrimination Act 1995 and mental illness. There is however an omission, as he states that at present the cases of mental illness that have come to tribunal so far have not helped.

I quote the case of Paul Sheen v. The Writers' Guild of Great Britain (1998; further details available from the author upon request). Where the applicant was judged to have been unlawfully discriminated against by virtue of the refusal of the Writers' Guild of Great Britain to grant him membership.

This was a case where a playwright was denied membership of the above organisation, which is essentially a trades union for playwrights, on the grounds of a brief schizophrenic illness. He was granted quite substantial damages and this resulted in quite a shake up in the hierarchy of the Guild.

It may well be that these cases do not have a profound effect on stigma, however, the above case is now well established in case law and is

available for other victims of discrimination to use along with their legal representatives.

M. A. LAUNER, *Consultant Psychiatrist, Clinical Director Mental Health, Burnley General Hospital, Casterton Avenue, Burnley BB10 2PQ*

### **What will become of 'community care'**

Sir: Now that the government has officially declared that community care has failed, I wonder what will happen to the term community psychiatry. If trusts continue to advertise using the term, the profession may start to look out of touch with contemporary trends. In an age where presentation and sound bites carry more weight in many quarters from substance and logical arguments, the value of much good work that is done in community psychiatry could be lost.

I suggest a solution is to return to the old term 'social psychiatry'. This carries the authority and weight of a profoundly significant and reforming post-war movement, and it is in keeping with the resurgence of interest in therapeutic communities, the questioning of pharmaceutical dominance, the development of new rigour in qualitative research methodology and the relevance of narrative based medicine. More widely, it would also reflect a widespread disenchantment with individualism, and a need to recognise social networks of responsibility.

If consultant posts were advertised in social psychiatry, the profession could grasp this opportunity and coordinate the development of what could become a new movement. It could represent the best practice of recent community psychiatry, with the philosophy and humanistic values of post-war social psychiatry.

REX HAIGH, *Consultant Psychotherapist, West Berkshire Psychotherapy Service, Winterbourne House, 53–55 Argyle Road, Reading RG1 7YL*

### **Enduring love**

Sir: As McIvor has indicated in his excellent review of Ian McEwan's novel *Enduring Love* (*Psychiatric Bulletin*, January 1999, **23**, 61) this book is of great interest to psychiatrists. There is, however, a danger that the novel – and particularly its Appendix 1 (a case report on which the book is clearly based) – will unreasonably become an accepted part of the psychiatric literature on de Clérambault's syndrome.

Appendix 1 purports to be a reprint of a case report originally published in the *British Review*

of *Psychiatry*, but it is, I believe, as fictional as the rest of the book. Its authors are said to be a Robert Wenn MB BCH, MRCPsych and Antonio Camia, MA, MB, DRCOG, MRCPsych, but their names do not appear in the current Medical Register or list of Members of the College of Psychiatrists. I could find no evidence either that there is a journal called the *British Review of Psychiatry*.

A clue to the solution to the problem may lie in the acknowledgement Ian McEwan gives to Ray Dolan, his 'friend and hiking companion'. Could this be Dr Raymond Dolan, FRCPsych, Consultant Psychiatrist at the National Hospital for Neurology and Neurosurgery, and a colleague of McIvor? If so, a brief exchange between the two of them, perhaps in a corridor at Queen Square, might clarify the matter.

KENNETH GRANVILLE-GROSSMAN, *Honorary Consulting Psychiatrist, St Mary's Hospital, London W2*

Sir: Unless McIvor (*Psychiatric Bulletin*, January 1999, **23**, 61) has access to more information than is given in the book, then he has fallen nicely into Ian McEwan's trap!

The paper that Ian McEwan refers to at the end of his book in *Acta Psychiatrica Scandinavica* does not exist, and the authors' surnames Wenn and Camia is an anagram of Ian McEwan.

ROBIN G. MCCREADIE, *Director, Department of Clinical Research, Crichton Royal Hospital, Dumfries DG1 4TG*

### Value of the BJP

Sir: Dr Weaver (*Psychiatric Bulletin*, December 1998, **22**, 771) is mistaken in his assumption that dispensing with the *British Journal of Psychiatry* (BJP) as an automatic membership entitlement would release funds to use for other

purposes. In fact, far from contributing to the College's costs, the BJP's subscription, advertising and other secondary forms of income generate a substantial surplus for the College. This surplus is used to further the College's many other activities, and hence the journal has the net effect of lowering rather than raising membership fees.

The appeal of the BJP to its authors and advertisers is linked to its extensive readership in the profession. This appeal would be lessened if the circulation were to be significantly reduced, and any short-term saving on the cost of supplying individual members would soon be encompassed by a longer term decline in the journal's income.

We are naturally concerned that Dr Weaver is unconvinced of the relevance of the BJP to his own sub-speciality. The recent survey of members' views (Kendell & Duffett, 1999) showed that the BJP is valued highly by the majority. However, we are always keen to make improvements where possible, and will take his comments on board when planning our future development.

We are very grateful to Professor Richard Harrington and Professor Sir Michael Rutter for their helpful ongoing advice to the Editorial Board on increasing the relevance of the BJP for our readers in child and adolescent psychiatry. Dr Weaver may be interested to hear that we have just invited a third representative of the speciality, Professor Simon Gowers, to join the Board.

### Reference

KENDELL, R. E. & DUFFETT, R. (1999) The College: an analysis of members' views. *Psychiatric Bulletin*, **23**, 11-15.

GREG WILKINSON, *Editor, British Journal of Psychiatry*, and DAVE JAGO, *Head of Publications, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG*