XXX" the word dement to describe a patient suffering from dementia is no different from the terms arthritic, cardiac, schizophrenic, and depressive, and bears no comparison with abusive descriptions like "schizos" and "psychos" as suggested by Dr Manchip. The use of a term to describe a group of patients should not be taken as "dehumanising and derogatory" but tells us much more about the attitudes of those who object.

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GMSC guidance to GPs

Sir: The General Medical Services Committee (GMSC) has recently issued guidance to general practitioners (GPs) in respect of their responsibilities for the assessment and continuing care of patients with mental disorders (*British Medical Journal*, 1996). The guidance implies that GPs have fulfilled their obligations after having assessed and referred a patient to specialist psychiatric services. The latter are then expected to assume responsibility for prescribing and administering of any psychiatric medication, with the GP remaining responsible for prescribing for conditions unrelated to mental illness.

We agree that, in most cases, it is not appropriate for a GP to act as a keyworker under the care programme approach, but their involvement in such cases is nonetheless invaluable. This has traditionally included not only monitoring the patients' mental state and prescribing drugs but also, for example, providing emotional support to their families and administering depot neuroleptics. The removal of prescribing responsibility would inevitably lead to an eventual withdrawal of these "psychiatric primary care services", to the detriment of a particularly vulnerable group of patients.

GPs prescribe on FP10s on the recommendation of consultants from other disciplines. They may disagree with the specialist advice received but presumably, in most cases, are content to comply with it, whilst retaining some overall clinical responsibility for the patient. GPs would also expect to monitor their patients' progress between hospital appointments. We question why psychiatry has been singled out to be the exception; psychiatric management should be no different in this respect and the fact that the GP would not be the key worker is surely irrevelant.

We believe that the GMSC guidance is potentially divisive. It does nothing to encourage the notion of shared care between primary and specialist care and has significant resource implications for over-stretched hospital or community trusts. An increase of referrals to specialist care may be expected as fund-holding practices seek to transfer the financial burden of prescribing. In response, psychiatrists may feel compelled to discharge patients prematurely back to their GP.

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The Patient's Charter for Mental Health Services

Sir: The Patient's Charter for Mental Health Services is currently a draft edition for consultation. It is a 22 page booklet, informing patients how "the rights and standards in the Patient's Charter apply to people using NHS adult mental health services".

We have serious concerns about the Charter. We understand that it was written in consultation with users of the service. We see little evidence of consultation with mental health professionals in its preparation.

There appears to be a great disparity between what the Charter offers and what, in our experience, is currently available. One striking example is the expectation that a mental health nurse will visit within four hours if a patient is referred as urgent, and within two working days if the referral is non-urgent. The description of a referral as urgent is not clarified, raising the question of what is urgent – a panic attack or florid psychotic episode? Moreover, who will identify a referral as urgent? This will be a source of potential conflict between the patient, the GP and the mental health team. Further conflict may stem from exploitation of the Charter. In the hands of a manipulative patient it could jeopardise genuine therapeutic strategies such as boundary setting.

We find the document inconsistent in both its attention to detail and its philosophy. Some standards are specific, some are vague. We quote from the draft edition of the Charter by way of example: "You can expect a home visit within a two-hour time band" yet "You can expect to be told what treatments are available other than medication". Turning to the philosophy of the Charter, there is a curious mix of paternalism and user empowerment. Again, quoting from the Charter: "Prior to discharge . . . you will be told what to do, and who to contact in the event of problems" whereas "You have the right to be referred to a consultant acceptable to you". Statements such as these have far reaching implications.

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