the columns

correspondence

Copying letters to patients

The articles by Nandhra *et al* (*Psychiatric Bulletin*, February 2004, **28**, 40–42) and Lloyd (*Psychiatric Bulletin*, February 2004, **28**, 57–59) usefully discuss patients' reactions to having copies of letters about them, but how widespread this practice is already might have been underestimated. For example, routine health insurance check-ups, as carried out by BUPA, usually result in a summarising letter to the patient.

However, it was disappointing not to see any attempt in these articles at equating the sending of letters with getting patients better from their illnesses. For example, while patients seem to like receiving the letter, which is not surprising, does this process improve compliance, does it reduce Did Not Attend rates, or does it reduce subsequent use of the Mental Health Act 1983 even in patients with severe psychosis? These would be useful questions to ask, because clinical effectiveness should surely be at the forefront of practice innovation.

There also seems to be little recognition of the secretarial burden. Not only are extra letters having to be posted and sent, but is it not more likely that the wrong information might reach the wrong patient, generating difficult complaints? Given the 20% turnover of general practitioner (GP) patients in inner London (indicating high degrees of transiency and address changing), this will be a particular problem in urban areas. How do we know who opens letters in people's homes? Stigma, abuse and curiosity are unfortunately part and parcel of mental illness, while the problems of language and jargon, as well as the withholding of some aspects of information, may also cause complications.

Should all this not really be the province of the GP? It is the GP who initiates the consultation, and it would genuinely be a useful exercise for the GP's referring letter to be copied to the patient – or even composed with the patient in the room – so that all relevant information was included. Given the quality of some GP referral letters, this in itself could enhance clinical communication. Likewise, given that the out-patient clinical letter is sent to the GP, why not let the GP discuss the letter with his/her patient, thus avoiding the risks of wrong addresses, mis-sent enclosures, unexplained jargon and omissions of information by clinicians concerned about confidentiality etc. It is after all meant to be a 'primary care-led' service, and GPs are much more likely to be aware of the broader social and family issues relevant to a particular patient's capacity to understand and deal with health information.

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Consent Quiz: how well would you do?

We presented Rob Potter's consent quiz to the child and adolescent mental health team in Ipswich, in the context of a regular teaching slot attended by the different professionals of the multidisciplinary team.

This included a brainstorming exercise, identifying those already familiar with the quiz and asking the others to complete the questionnaire anonymously, including demographic details. The paper (*Psychiatric Bulletin*, March 2004, **28**, 91–93) was then presented with the relevant literature (Shaw, 2001).

Seventeen professionals, except 2 who were familiar with the quiz, completed the questionnaire. Five out-patient nurses, 4 psychologists (1 trainee, 1 assistant, 1 a-grade, 1 consultant), 3 consultant psychiatrists and 6 professionals from other disciplines such as social work, occupational therapy and primary mental health workers participated. The average time they had been in their current posts was 5.5 years (1 day to 20 years), and they had been professionally qualified for an average of 12 years (not yet qualified to 33 years). Six participants see emergencies when on call, and gave correct responses in 46%, those who supervise the professional on call gave a correct response in 70% and those who do not see emergencies gave a correct response in 41% of the questions. The nurses gave a correct response to 58% of the questions, the psychiatrists 70%, the psychologists 42.5% and the others 50%. The overall correct response rate was 48%.

The results of the quiz done in Ipswich are comparable to the results of the survey when used in Mid Glamorgan. There is a need for professionals to familiarise themselves with the different aspects of the law. Tackling this complex field, by using a quiz, can be an interactive and effective way of teaching these salient aspects. We also see potential for an audit process, for example by modifying the questionnaire and then repeating the exercise following an adequate time interval.

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Primary care for psychiatric in-patients

The article by Welthagen *et al* (*Psychiatric Bulletin*, May 2004, **28**, 167–170), regarding the provision of a primary care service for psychiatric in-patients, was a useful reminder of the importance of addressing physical issues in persons with mental disorders. In Australia, this has been addressed by the Australian Council of Health Care Standards (ACHS), in conjunction with the Royal Australian and New Zealand College of Psychiatrists, who have developed a number of clinical indicators for use in psychiatric hospitals (Australian Council of Health Care Standards, 2003). These include the assessment of whether or not a patient has had a physical examination within 48 hours of admission.

At the Adelaide Clinic, a 64-bed private psychiatric hospital, a nearby group of general practitioners provides a 5 days a week primary care service at the hospital. In 1997–1998 there was compliance with the Clinical Indicator for physical examination within 48 hours of admission in 80% of admissions (Goldney *et al*, 1998),

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