

handout by mail and those who attended group meetings, nor was there any difference specifically in the last two questions about obtaining information about ADHD and the clinic. These two questions from patients who had been to the group sessions compared with those who received a handout by post were compared by *t*-tests.

Despite several limitations to this survey, which include 40% not returning their questionnaires, it is noteworthy that those who did return the questionnaires were equally satisfied whether they had attended the group sessions or received the handout by post. If this study is replicated by others it has an implication that could save clinics money and time – that written material mailed out is as effective as having clinic personnel present this information.

ATTIKSSON, C. C. & GREENFIELD, T. K. (1994) Client satisfaction Questionnaire-8 and Service Satisfaction Scale-30. In *The Use of Psychological Testing for Treatment Planning and Outcome Assessment* (ed. M. Marvish), pp. 402–420. Hillsdale, NJ: Lawrence Erlbaum Associates.

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### Lithium monitoring

Sir: Kotak *et al* (*Psychiatric Bulletin*, February 1999, **23**, 83–86) surveyed lithium monitoring by general practitioners, noted the variability in their knowledge and concluded that monitoring based in their surgeries is potentially hazardous. Similar conclusions were reached by Ryman (1997) and by King & Birch (1998).

The authors suggest that the situation might be remedied by psychiatrists providing greater support and advice to general practitioners, for example, by sending postal reminders of when the next test is due. The problem with shared care arrangements, however, is that errors of communication arise and there can be confusion of responsibility over who does what (King & Birch, 1998).

The new NHS, we are constantly reminded, will be primary care led. Nevertheless I believe there are still areas which are safer when psychiatrists are in charge rather than being relegated to advisers and lithium therapy is one of them. Few arrangements can rival the specialist lithium clinic (or affective disorder clinic) where patients can be given expert advice at first hand and be advised on their results directly.

KING, J. R. & BIRCH, N. J. (1998) Delayed response to abnormal lithium results is no longer necessary. *Psychiatric Bulletin*, **22**, 471–473.

RYMAN, A. (1997) Lithium monitoring in hospital and general practice. *Psychiatric Bulletin*, **21**, 570–572.

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### Does a stitch in time no longer save nine?

Sir: The College is running an admirable campaign against the stigma of mental disorder but surely it is essential for the information it gives to the public to be accurate? The College's (1998) document *Mental Disorders: Challenging Prejudice*, says that psychiatrists are licensed to recommend compulsory detention ('sectioning') in a mental health unit when someone is judged a serious danger to themselves or others. How serious is serious? The Act just says the safety of the patient or the protection of other persons. However, even more important is the omission of any mention of admission for the health of the patient, a point that was literally underlined by Virginia Bottomley and John Redwood in their introduction to the 1993 edition of the *Code of Practice*. What has happened? Has the College been careless? Surely it cannot be ignorant of these matters? Or is the College trying to soften the image of psychiatry by denying it has this important responsibility? Deterioration in insightful individuals with psychosis is a tragedy and its prevention by early treatment must surely remain one of our most important duties. It is also one that rational and informed members of the public expect us to fulfil.

Could the College do something to retrieve the situation?

ROYAL COLLEGE OF PSYCHIATRISTS (1998) *Mental Disorders: Challenging Prejudice*. London: Royal College of Psychiatrists.

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### Mental disorders: challenging prejudice

Sir: Overall, the Management Committee is delighted with the favourable reception to its Campaign booklets. They are not perfect; neither are they cast in tablets of stone. In our efforts to startle and thereby command attention we have, in particular, invoked the concern of some carers and professionals by our phraseology relating to the above matter. It may be a semantic point, as