72% felt more able to tell others about mental illness after reading it.

The leaflet was posted on the RCPsych website and results were collated from the online feedback. Respondents rated the leaflet on readability, usefulness, respectfulness and design on a scale from 1 (strongly disagree) to 5 (strongly agree). Overall, 103 respondents submitted feedback over a period of approximately 5 months: 10 service users, 6 patient relatives, 4 carers, 11 friends, 65 healthcare professionals, 8 healthcare students, 12 'others'. The mean score for 'readable' was 4.38 (88 responses); the mean score for 'useful' was 4.30 (94 responses); the mean score for 'respectful' was 4.11 (89 responses); and the mean score for 'well-designed' was 4.17 (89 responses), with a score of 4 meaning 'agree'.

Although the evaluation was limited by a small sample size of men only and the lack of follow-up, we concluded that after reading the leaflet, participants assessed themselves as more likely to seek medical help if they were experiencing symptoms of mental illness and more knowledgeable about what treatments are available. They found the leaflet helpful in improving their understanding of mental illness, easy to read and understand, and thought it enabled them to tell others about mental illness. From the online feedback, respondents agreed that the leaflet was readable, useful, respectful and well designed.

The leaflet is available on the RCPsych website: www.rcpsych.ac.uk/healthadvice/problemsdisorders/leafletformuslimsonstress.aspx

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1 Fassaert T, de Wit MA, Verhoeff AP, Tuinebreijer WC, Gorissen WH, Beekman AT, et al. Uptake of health services for common mental disorders by first-generation Turkish and Moroccan migrants in the Netherlands. *BMC Public Health* 2009; **9**: 307.

2 Loewenthal KM, Cinnirella M, Evdoka G, Murphy P. Faith conquers all? Beliefs about the role of religious factors in coping with depression among different cultural-religious groups in the UK. *Br J Med Psychology* 2001; **74**: 293–303.

3 Aloud N, Rathur A. Factors affecting attitudes toward seeking and using formal mental health and psychological services among Arab Muslim populations. *J Muslim Ment Health* 2009; **4**: 79–103.

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Research ethics approval and discrimination

We read with envy Galappathie *et al*'s study[1] of detained patients' awareness of the mental health review tribunal (MHRT). We applaud their decision to regard their study as part of service evaluation rather than as a research project requiring National Research Ethics Service Committee (NRESC) approval.

We applied for NRESC approval for a study asking patients detained under Section 2 or Section 3 of the Mental Health Act 1983 about their views on the chances of the MHRT rescinding their detention if they appealed. The crucial question was 'What do you think are the chances that you will be discharged by the Tribunal if you appeal?'

The NRESC which reviewed the application did not have a mental health patients' representative, carers' representative or mental health professional as its member. Therefore, it sought expert opinion from a retired clinical psychologist. The NRESC ruled that 'the study should not be done in the acute phase of treatment when participants are detained and it would be more appropriate once they have been discharged. This would remove concerns about the ability of the participants to give informed consent whilst under detention and in a vulnerable condition'.

We appealed against the decision and our application was referred to another NRESC which also did not have a mental health patients' representative or carers' representative, but had a psychologist as a member. We attended the review and explained that we endeavoured to assess detained patients' views and that post-discharge retrospective assessment would be futile. We argued that the first principle of the Mental Capacity Act 2005 is the presumption of capacity. The General Medical Council guidance also states that one must not assume that a patient lacks capacity to make a decision solely because of their medical condition, including mental illness. We confirmed that patients who did not have capacity to decide whether to take part in the study will not be offered the opportunity to take part. This second NRESC agreed with the first one for the same reasons, that is, detained patients don't have capacity to decide whether to take part in the study.

This is an example of ignorance and consequent stigmatising attitudes held by those in authority, resulting in discrimination against mental health patients, carers and professionals. Members of NRESCs believing that those who are mentally ill lack the capacity to make simple decisions could significantly hamper research into mental illness and perpetuate the myth that psychiatry is the most unscientific medical specialty. Mental health professionals and patient groups may share part of the blame by not representing themselves on NRESCs.

1 Galappathie N, Harsch RK, Thomas M, Begum A, Kelly D. Patients' awareness of the mental health tribunal and capacity to make requests. *Psychiatrist* 2013; **37**: 363–6.

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Mental health screening in police custody – acceptability among detainees

McKinnon *et al*[1] highlight the importance of effective screening of detainees in police custody for mental health problems and draw attention to the emerging provision of liaison and diversion services in police custody. In their study, approximately 28% of detainees from inner city London police stations declined to be interviewed by mental health professionals.

The experience of the criminal justice mental health team which provides liaison services to two police stations in rural North East Essex was similar. Of 573 detainees who were offered an assessment within 14 months of the newly