Correspondence

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Contents ■ Psychiatrists' dress and address ■ Ethnicity and dissatisfaction with mental health services ■ Subjective memory complaints, depression and dementia ■ Lithium withdrawal mania supports lithium's antimanic action and suggests an animal model involving serotonin ■ Ethnicity and clozapine metabolism

Psychiatrists' dress and address

Sir: With reference to Gledhill et al's (1997) recent article on forms of dress and address, I am writing to report some interesting differences between their findings and our own. We used questionnaires to examine the attitudes of psychiatric in-patients in three hospitals in east London to forms of address (Ford & Pfeffer, 1997) and staff dress (Tham & Ford, 1995). The dress code study also investigated the views of nursing and medical staff.

In our study, only 56 out of 97 patients wanted to be called by their first names, even when they had become familiar with staff, although there was a non-significant trend towards greater informality with nursing staff compared with medical staff. Less than a quarter wanted to call staff by their first names. Titles were seen as polite (75%) and offering respect (71%), whereas first names were perceived to be friendly (79%). Age, gender or number of admissions did not affect attitudes.

Although our study produced a similar proportion of doctors who felt that they should be dressed smartly to that reported by Gledhill et al, patients and nursing staff were divided between formal and casual dress for medical staff, and over 70% felt that nursing staff should be dressed casually, as opposed to in uniform or formally. Thirty-six per cent felt that formal dress made staff less approachable.

To summarise, compared with Gledhill et al (1997), our sample, from an extremely deprived area, was less concerned with smart attire, but more formal with regard to keeping of titles. These differences may relate to subtle cultural differences between the two populations from socio-economically distinct areas of London. The preference for greater informality with nurses as opposed to doctors found in both our studies, and echoed by Gledhill and colleagues, is interesting in terms of differing roles within the multi-disciplinary team.

Ford, T. J. & Pfeffer, J. (1997) What's in a name? Journal of Mental Health, 6, 169–172.

Gledhill, J. A., Warner, J. P. & King, M. (1997) Psychiatrists and their patients: views on forms of dress and address. British Journal of Psychiatry, 171, 228–232.

Tham, S. & Ford, T. (1995) Staff dress on acute psychiatric wards. Journal of Mental Health, 4, 297–300.

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Sir: Gledhill et al (1997) do not refer to the Patients' Charter (Department of Health, 1991), which states "You can expect all the staff you meet face to face to wear name badges". The figure for psychiatrists wearing name badges, in their study, was only 19%.

We have carried out an audit of psychiatrists' use of name badges and identity cards, and compared it with the rates of badge-wearing by ward nursing staff in a mental health services trust. Our local acute services trust had a policy that all staff should wear an identity badge, and disciplinary action could follow non-compliance.

Our audit involved surveying all the psychiatrists working for the mental health trust and a sample of ward psychiatric nursing staff. The staff were approached during a working day and while they were on the hospital site. They were asked to produce their identity badges. If the badge was visible or capable of being produced within one minute, we counted this as 'Yes'. As we audited each staff member, we explained the purpose of the audit and the standard expressed in the Patients' Charter. We then completed the audit cycle after one month, checking only the psychiatrists.

We found that while 24 (96%) of 25 nursing staff wore badges, only 12 (48%) of 25 psychiatrists did so. After one month the latter figure had risen to 18 (72%). Although there was a trend toward increased badge-wearing among doctors on the second survey, the results of our small survey did not reach statistical significance. There was no difference in rates of badge-holding between junior doctors and consultants. We did not insist on the badges being on display for our study, as many of the psychiatrists spent time in the community and it may not have been appropriate to keep a badge on display. We decided that one minute was a reasonable time limit to allow people to search for their badge. This difference may explain the higher levels of badge-carrying that we found among doctors than in the Gledhill et al study.

It is important that psychiatrists carry some form of identification, particularly as our work is increasingly based in the community. The Patients' Charter indicates that wearing an identity badge is essential for National Health Service staff, and police advise that people should ask to see proof of identity before allowing entry to strangers. The study by Gledhill et al indicates that psychiatrists should consider wearing badges to help patients identify them in hospital, but our data suggest that the attitude change needs to start at a more basic level, with psychiatrists accepting the need to carry identification.

Gledhill, J. A., Warner, J. P. & King, M. (1997) Psychiatrists and their patients: views on forms of dress and address. British Journal of Psychiatry, 171, 228–232.

Department of Health (1991) Patients' Charter: Raising the Standard. London: Department of Health.

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Ethnicity and dissatisfaction with mental health services

Sir: The findings of Bindman et al (1997) lend support to the need for greater communication between general practitioners (GPs) and psychiatric services in the provision of a more effective service for their patients with mental illness. This is particularly pertinent to Black patients who, while reporting general satisfaction with the care they receive from GPs (Bindman et al, 1997), continue as in-patients to be reported as less likely to be registered with GPs and more likely to be in locked wards and under Section 2 or 3 of the