

Correspondence

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Psychiatrists can cause stigma too

The Royal College of Psychiatrists' campaign to reduce the stigma of mental illness needs to examine the role that we play in maintaining stigma as well as reducing it. The negative attitudes of members of the public (Crisp *et al*, 2000) towards people with mental illness were mirrored by some psychiatrists (Farrell & Lewis, 1990). The latter authors found that psychiatrists held significantly more negative attitudes towards patients with a prior history of alcohol dependence. This included the view that they would not like these patients in their clinics. Similar findings apply to other groups of patients. Lennox & Chaplin (1996) surveyed the attitudes of Australian consultant psychiatrists. They found that 39% agreed with the statement 'personally I would prefer not to treat patients with learning disability and mental illness'.

The very nature of our job can be powerfully stigmatising in a way that cannot be underestimated. While engaging in debate with the public via the media and other means to inform and change attitudes, performing our clinical duties can have exactly the opposite effect. A Mental Health Act assessment at a patient's residence can be a cause of tremendous stigma to the patient and the family. This is especially so because of the highly visible involvement of the ambulance and police services whose help is often essential. It is against such almost routine community experiences that a broader national campaign has to compete.

Another very real source of stigma may be the side-effects of the medications that we prescribe. People with schizophrenia may not appear any different to the general public. However, side-effects such as drooling and tardive dyskinesia immediately point out an individual as being socially undesirable. Obesity, often a result of antipsychotic treatment, has been described as being seen as unattractive and unlikeable and has been linked with impaired employment and education opportunities (Crandall, 1994).

Psychiatrists have a clear duty to reduce stigma at the individual level. We must be prepared to identify and challenge our own prejudices and attempt to modify our clinical practice. Consideration also needs to be given to how we can carry out Mental Health Acts assessments, potentially the most stigmatising event that any family with a member with mental illness will suffer.

Crandall, C. S. (1994) Prejudice against fat people: ideology and self-interest. *Journal of Personality and Social Psychology*, **66**, 882-894.

Crisp, A. H., Gelder, M. G., Rix, S., et al (2000) Stigmatisation of people with mental illnesses. *British Journal of Psychiatry*, **177**, 4-7.

Farrell, M. & Lewis, G. (1990) Discrimination on the grounds of diagnosis. *British Journal of Addiction*, **85**, 883-890.

Lennox, N. & Chaplin, R. (1996) The psychiatric care of people with intellectual disability: the perceptions of consultant psychiatrists in Victoria. *Australian and New Zealand Journal of Psychiatry*, **30**, 774-780.

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Stigmatising pharmaceutical advertisements

The general public holds stigmatising attitudes toward those with mental disorder, with schizophrenia being rated as highly associated with dangerousness and unpredictability (Crisp *et al*, 2000). The authors mention that health professionals may share some of these views. After reading their article, I was struck by a number of pharmaceutical advertisements elsewhere in the same issue of the *Journal*, that appeared to perpetuate a negative image of schizophrenia. My curiosity thus stimulated, I performed a cursory lunchbreak study examining the portrayal of people with mental disorder in pharmaceutical advertising in three recent issues of international psychiatric journals (Table 1). It was notable that all the advertising for antidepressants had positive imagery. Indeed this was also largely true for the 'other' category, with only one negatively rated advertisement.

By contrast, three out of five advertisements for antipsychotic medications in this *Journal* were negative. One was particularly striking, a fearful young man peering through a door, his house covered in foil. The copy included the following: "His parents have to withstand torrents of verbal abuse. And Constant threats of violence". This small sample also suggests that there may be international variations in advertising in the field; what underlies this is unclear. It is intriguing, however, that the British advertising mirrors the attitudes of surveyed householders.

Table 1 Pharmaceutical advertisements in three psychiatry journals

	<i>British Journal of Psychiatry</i> , July 2000	<i>American Journal of Psychiatry</i> , June 2000	<i>Australian and New Zealand Journal of Psychiatry</i> , June 2000
Antidepressants			
No. advertisements	2	5	5
No. rated as negative	0	0	0
Example of imagery			Smiling woman
Antipsychotics			
No. advertisements	5	3	2
No. rated as negative	3	0	0
Example of imagery	Wan young woman, dishevelled hair	Family photos of happy family	Attractive young woman putting lipstick on
Other			
No. advertisements	1	5	0
No. rated as negative	0	1	
Example of imagery		Smiling children (advert for stimulants)	