the columns

correspondence

Understanding of the term 'schizophrenia' by the British public

There have been significant milestones in the detection and treatment of most psychiatric disorders, especially in the past two decades. However, there are some concerns about media misrepresentation of severe mental disorders such as schizophrenia. A postal survey of the UK public was conducted in order to examine their understanding of the term 'schizophrenia'.

We distributed 500 questionnaires to a representative panel of the UK general population recruited for a previous study (Luty *et al*, 2006) and received 402 completed replies (81% response rate). Participants were asked the open-ended question 'What do you understand by the term "schizophrenia"?' and 42% described at least one Schneiderian first-rank symptom or gave a description that reasonably matched one of the diagnostic features in ICD–10. This included 26% who described auditory hallucinations; 40% mentioned 'split' or 'multiple' personality, which is not a diagnostic feature. Only 6% mentioned violence or aggression. In comparison, 73.6% of participants correctly identified the symptoms of schizophrenia from a series of vignettes in a Swiss study (Lauber *et al*, 2003). Our survey reveals some wide gaps between the professional and public understanding of the term 'schizophrenia'.

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Smoking ban in psychiatric services

O'Gara & McIvor (*Psychiatric Bulletin*, July 2006, **30**, 241–242) raise concerns about the introduction of a smoke-free health service in England and Wales by December 2006. In March 2004, Ireland became the first country in the world to introduce a complete prohibition on smoking in the workplace to protect people from the harmful effects of second-hand smoke. Psychiatric hospitals, including the Central Mental Hospital and Prisons, were granted an exemption from the ban. However, it was decided by the management team at the Central Mental Hospital (Ireland's only forensic psychiatric hospital) that the hospital would not avail of this exemption. Other psychiatric hospitals in Ireland did avail of the exemption.

Six months before the commencement of the ban, a smoke cessation counsellor was employed to organise individual and group work for staff and patients. Nicotine clinics and awareness groups were set up.

Upon commencement of the ban, patients who wished to smoke were taken to designated outdoor areas, five to six times during the day for an average of 20 min and for longer periods during the summer. They have no access to these facilities at night.

Initially, not everybody was supportive of the policy. Some patients wrote letters of protest demanding that smoking rooms be provided. Surprisingly, there were more complaints from staff than from patients. The rights of both smokers and non-smokers were highlighted. Resistance lessened within weeks of commencement of the ban.

Following the implementation of the ban, the wards became noticeably cleaner and smoke-filled air disappeared. Our experience at the Central Mental Hospital has demonstrated that it is feasible to implement a total smoking ban in a psychiatric hospital.

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Boundaries for psychotherapists

The recent articles on the Kerr/Haslam Inquiry (*Psychiatric Bulletin*, June 2006, **30**, 204–206, 207–209) raise important issues. The experience of sexual feelings during psychotherapy and the potentially abusive nature of dual relationships are described in the literature (Pope *et al*, 1993; Syme, 2003). Breach of boundaries by doctors and therapists working in the field of human sexuality is relatively rare, with 98.7% of 814 UK clinicians responding to a survey having rarely or never been tempted to have sexual relations with a client (with no difference between physicians and non-physicians and no clear gender bias) (Wylie & Oakley, 2005).

Sexual and relationship psychotherapists, as members of the British Association for Sexual and Relationship Therapy, adhere to a clear code of ethics and practice, which should be openly disclosed and available to all patients under the clinicians' care. Integrative care involving physical and psychological therapies requires clear protocols and patient guidance, including overt statements with regard to chaperone policy (Carr, 2003).

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Pharmaceutical sponsorship of educational events

Vassilas & Matthews (*Psychiatric Bulletin*, May 2006, **30**, 189–191) reinforced the reasons that led me to totally change my approach to pharmaceutical sponsorship.

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