

Correspondence

Situation comedy compliance

DEAR SIRS

It is widely accepted that the media tend to portray mentally ill people, psychiatry and psychiatric treatment in an almost exclusively negative way. Psychiatrists have been seen as “purveyors of grim and grisly treatments in large mental hospitals” (Ramsay, 1991) and, particularly through television and cinema, the media has the ability to adversely affect the attitudes of literally millions of people with a single piece of negative “information” (Footring, 1991). Consequent upon increasing awareness of the power of the media to inform, to advise, to mislead, to educate and to influence choice, sponsorship has fast become a cogent means of advertising and companies are falling over themselves in their desire to link their product to a well-known name. Murphy’s Stout, Worthington Beer, Coca-Cola, and Legal & General are variously associated with detectives, rugby, films and the weather forecast. Should the Royal College of Psychiatrists also jump upon this bandwagon?

We have been responsible for the care of a 23-year-old man with a four year history of bipolar affective disorder. In the manic phase he has been a substantial management problem, so much so that at times he has required periods of “special care” in a secure ward. He settles quickly with drug treatment but unfortunately, despite many repeated attempts from both family and health care workers, he remains non-compliant upon discharge from hospital; hence his frequent relapses. This suddenly changed ten weeks ago.

On entering the consulting room for an out-patient review JS was smiling broadly, being cheerful but euthymic and reactive in mood. He declared that he was “fine”, and claimed that it was due to his mood being “so well stabilised by that lithium carbonate stuff”. His attitude had markedly altered in that he now felt lithium was “really good stuff – a hip drug”, and so had been taking the prescribed dose for the preceding fortnight. This was a direct result of the mention of the drug on the BBC2 situation comedy *Red Dwarf*; the characters were discussing their mood swings when one suggested that lithium carbonate would be an appropriate mood stabiliser. Since seeing this programme, ten weeks ago, JS has remained keenly compliant, and very well indeed.

There is much evidence to show that patients remember only a percentage of what doctors tell them at interview (Wright, 1991). What is communicated is more likely to be understood by the patient,

remembered, and influential upon their attitudes, if it is felt to be “on their wavelength”, as in the above example.

If it has not done so already, perhaps the College could become active in a campaign to increase the favourable exposure of psychiatric treatments in popular television programmes; ‘Victor Meldrew’ and ‘Lovejoy’ might succeed where we mere mortals can only try but fail!

PETER J. TRIGWELL
LORENZO PIERI
CHRIS WILLIAMS

*St James’s University Hospital
Beckett Street, Leeds LS9 7TF*

References

- FOOTRING, R. (1991) Terminator 2, Judgement Day. *Psychiatric Bulletin*, 15, 796–797.
RAMSAY, R. (1991) Psychiatrists and the public. *Psychiatric Bulletin*, 15, 795.
WRIGHT B. (1991) Talking and listening. An anecdotal stroll through doctor-patient communication. *Yorkshire Medicine*, 4, 18–19.

Psychotherapy referrals

DEAR SIRS

I was interested in the recent paper on psychotherapy referrals by Maloney from Oxford (*Psychiatric Bulletin*, June 1993, 17, 352–354). Regular audit over the past five years in the Exeter Psychotherapy Service has provided similar results, in the sense that GPs and consultant psychiatrists have a broadly equivalent rate of successful referral for psychotherapy. There was a tendency for referrals from non-medical members of community mental health teams to be less accurate, and we have therefore encouraged these workers to discuss referrals with the GP or relevant consultant.

A detailed examination of consultant referrals over a period of three years revealed a four-fold variation between consultants in the number of referrals made, with a “success” rate (judged by entry into therapy) ranging from 25–70% of referrals. There was no clear correlation between the number of patients referred and the success rate, but some suggestion that consultants who referred much more or less than average tended to have low “success” rates. Discussion of this variability at an audit meeting was inconclusive, but suggested that some consultants were over-optimistic in what the service