columns

have to be repeated at the MHRT. Any discovery by the medical member that is not in the reports can be reported, either by the President or the medical member, as the MHRT starts. Alternatively, the medical member may elicit the information by asking questions of the appropriate 'witnesses' before him/her and not by giving it himself/herself as evidence. Medical members need not themselves give evidence.

(g) The patient's representative will have seen the patient before the hearing and increasingly often has gained access to the case notes, thus further diminishing the likelihood of information being concealed. Furthermore, he or she can call for his or her own independent psychiatric assessment, although, since the revision of legal aid regulations, these seem to be sought much less frequently.

In Rooth's view the medical member's "insider perspective is irreplaceable". I would prefer 'integrated' to 'insider', but agree with him wholeheartedly, for the reasons given above, that it is 'irreplaceable'.

DEPARTMENT OF HEALTH (2000) *Reforming the Mental Health Act. Part I: The New Legal Framework*. London: The Stationery Office.

G. E. Langley Medical Member, MHRT, Consultant Psychiatrist (Retired)

Patient or client?

Sir: The use of terms for those who experience mental health difficulties is contentious and political. It is also above all dependent on context. I am not at all surprised that Ritchie *et al* (*Psychiatric Bulletin*, December 2000, **24**, 447–450) found the term 'patient' was preferred by out-patient attendees, I regularly use the term patient without complaint for those who are currently receiving treatment.

However, there needs to be a term for those who have received such treatment in the past and who have a legitimate interest in the workings of the mental health services. 'Patient' is not an appropriate term to identify, for example, someone sitting on a planning committee who is there by virtue of having a personal experience of mental illness. We need a term for this and most people in this category accept the term 'service user'.

Some people prefer to be called 'survivors' and when you listen to their experiences of mental health services this can seem quite appropriate. I would suggest asking people how they identify themselves and then showing them the courtesy of using their preferred term. The suggestion from Hodgkiss (*Psychiatric Bulletin*, December 2000, **24**, 441) that user involvement and empowerment might be derailed by a name change is like expecting a juggernaut to be stopped by a pea. Service user involvement is here to stay. There is a lot of energy in the user/survivor movement (see, for example, http://www.madpride.net).

We should be working with 'service users' in order to improve services for our 'patients'; some of whom may be the same people in a different context.

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Sir: It is with interest that we noted your publication of Ritchie *et al*'s study 'Patient or client? The opinions of people attending a psychiatric clinic' (*Psychiatric Bulletin*, December 2000, **24**, 447–450). As a community adolescent mental health team we wondered about the best way to address the people who were attending the unit. Between February 2000 and May 2000 we conducted a small survey and wrote to 133 people who had accessed the service and in response we received 42 replies. There were a number of questions on the survey, but in answer to the question about the preferred terminology to describe a patient/client the responses were as follows:

Servxice user	3
Patient	15
Customer	1
Client	16
Other	7

The preference was slightly in favour of the term 'client' as opposed to 'patient', with very little preference for service user or customer. It may be significant that our survey was only of clients between the ages of 16 and 19 years, whereas in the Ritchie *et al*'s study the mean age was between 35 and 39 years. This might indicate a shift, which is influenced by age and points to an emerging change in culture. Perhaps the most significant finding was that only 42 clients out of 133 were sufficiently exercised by questions of this sort to return the questionnaire in its postage paid envelope. This question may be of more interest to professionals than clients.

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Sir: The article by Ritchie *et al* (*Psychiatric Bulletin*, December 2000, **24**, 447–450) provides a useful contribution to the debate about the use of titles. I agree that the term 'patient' is appropriate for someone who attends a psychiatric out-patient clinic. However, mental health care is diverse and consists of services provided by numerous agencies. What title should we give the 'patient' who, after attending the clinic then visits a day centre run by a voluntary organisation? This service may be essential for his or her mental health, but surely he or she is not a patient of the centre's manager. Similarly, the 'patient' may need home visits from social services but I doubt whether social workers would regard the person as their 'patient'. Further confusion occurs when we consider people who have been diagnosed with a mental health problem but who are well and not in contact with any services. Ritchie *et al*'s study was context specific and in their context the term 'patient' seems fine. In other contexts 'client' or 'service user' may also be suitable. I see two solutions to this problem. One is an acceptance that one person can have different titles at the same time, each of which represent the relationship that he or she has with the service provider. The other is to use a general title that applies to all situations. How about 'individual' or 'person'?

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St John's wort and ecstasy use

Sir: I learnt from a patient who misuses illegal drugs that St John's wort has become a popular way of avoiding depressive mood swings following heavy ecstasy use. I wonder if this is a practice that is widespread around the country, or merely confined to the Yorkshire region.

G. E. P. Vincenti Consultant Psychiatrist

The limited value of the annual physical health examination in long-term secure care

Sir: We were concerned that psychiatric patients have increased physical morbidity and mortality (Santhouse & Holloway, 1999), yet their general health care may be neglected. Prisoners also end up with reduced access to health care (Smith, 1999). Thus, we wondered how effective the annual physical examination is for our long-stay psychiatric patients at Rampton high security hospital. We felt this was particularly needed as general practice services have extended in recent years.

An SPSS computer program (weighted to ensure case balance for gender, age and ward) randomly selected 120 cases for a sample of 447 patients at Rampton 1995–1998, 72 (16%) of which were

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