



the columns

correspondence

Copying letters to patients

I read with great interest the recent publications on copying letters to patients (Marzanski et al, *Psychiatric Bulletin*, February 2005, **29**, 51–58; Subotsky, *Psychiatric Bulletin*, June 2005, **29**, 201–203). In a recent research project with 165 patients we found that 84% showed an interest in receiving copies of their consultants' letters to their general practitioners (GPs). In accordance with the current literature, the interest was somewhat lower in the older age-groups. However, one important aspect has not been investigated, but poses a potential barrier to people consenting to receiving such letters: the way in which consent is obtained. The personal experience of my colleagues and myself is that only about 20–25% of patients consent in writing to receive such letters, although this increases to around 80% when the consultant asks for verbal rather than written consent. Asking for formal written consent appears to be a major barrier to patients gaining access to information, but accepting verbal consent may get around this significant problem. This observation serves as a timely reminder that although we may have the best intentions regarding better communication with the patient, the form in which we do it is possibly more important for the result than the service itself. My suggestion is therefore to accept verbal consent, which could be clearly documented in the patient's case notes. To aid our administrative staff we also put sticky labels saying 'copy GP letters' on top of case notes of those patients who have given verbal consent.

P. Lepping Consultant Psychiatrist/Honorary Lecturer, Llwyn Y Groes Psychiatric Unit, North East Wales NHS Trust, Ffordd Croesnewydd, Wrexham LL13 7TD, Wales, e-mail: PETER.LEPPING@new-tr.wales.nhs.uk

Copying letters to patients/parents

We read with interest the editorial by Dr Subotsky about the issues surrounding

copying clinic letters in child and adolescent mental health services (CAMHS) (*Psychiatric Bulletin*, June 2005, **29**, 203). We conducted a study to determine parental views in a specialist tier 4 CAMHS centre for children with complex developmental disorders and autistic spectrum disorders. The assessments performed are multidisciplinary and elaborate. Copies of reports are sent to parents who are subsequently invited to discuss the reports. All follow-up letters are also copied to parents. This policy has been in place since 1991.

In our study, 87 families were surveyed with a 54% response rate (relatively low but typical of postal surveys). Of the respondents, 95% supported the policy of receiving copy letters and wished to continue with the practice; 93% felt that the information in the reports was accurate; 68% highlighted the benefits of the copy reports in accessing help from other agencies, namely Education and Social Services. Many parents commented that the written reports helped them to better understand their child's difficulties.

Our study supports the idea that copying letters to parents is a useful initiative, particularly for parents managing children with complex developmental disorders with multi-agency involvement. The reports are a useful link between the agencies and play a key role in making long-term decisions. They are a permanent record of the consultation to be kept for future reference, particularly for conditions that span a lifetime. Written information also helps parents who themselves have communication difficulties to easily keep track of information.

This policy certainly works for our department and will continue in line with the Department of Health Guidelines (Department of Health, 2003).

DEPARTMENT OF HEALTH (2003) *Copying Letters to Patients: Good Practice Guidelines*. London: Department of Health.

*R. S. Aruna Specialist Registrar,
S. Sungum-Paliwal Consultant, Child and Adolescent Psychiatry, Parkview Clinic, 60 Queensbridge Road, Moseley, Birmingham B13 8QE

Copying letters to patients in child and adolescent mental health services

We read with interest Dr Subotsky's review of issues for child and adolescent mental health services (CAMHS) when copying letters to patients (*Psychiatric Bulletin*, June 2005, **29**, 201–203). A survey of our CAMHS (66% response rate, 39 respondents) showed that many practitioners write to families as a matter of course.

In our service the two most common reasons for not copying letters to patients were those cited by Subotsky, i.e. when practitioners had child protection concerns or when information was about a third party. Our survey also revealed a third potentially important exception: practitioners may wish to communicate their clinical impressions or concerns to the referrer at an early stage of the assessment process, before the practitioner feels ready to discuss these views and their implications with the family. The most commonly cited example of this is if a practitioner has concerns that a young person might be psychotic.

Our colleagues sometimes resolve this dilemma by writing separate letters to referrers and to the family. Although this may superficially address the need to balance communication with both the family and professionals, this practice is not in keeping with the Department of Health guidelines which aim 'to improve communications with patients to benefit their healthcare without jeopardising communication with other professionals' (Department of Health, 2003). When worrying clinical information is apparent early in assessments, our service is considering whether no letter, an incomplete letter or a letter that is not shared with the patient is in the best interests of the child.

DEPARTMENT OF HEALTH (2003) *Copying Letters to Patients: Good Practice Guidelines*. London: Department of Health.

Reza Kiani Senior House Officer,
*Anne Thompson Consultant Child and Adolescent Psychiatrist, Child and Family Services, Lincolnshire Partnership NHS Trust, Moore House, Lindum Terrace, Lincoln LN2 5RS