in our evaluation of the current evidence. Introducing descriptive dimensions alongside categories makes sense. Wholesale change of categories does not.


Author’s reply: Craddock & Owen are certainly right in drawing attention to the ‘complex overlap’ between psychotic and mood disorders, but the same can be said for most other sets of psychiatric symptoms. The neat, mutually exclusive categories described by our present classifications do not exist in nature, and classifications must necessarily draw a line somewhere between the major groups of symptoms. But are these lines at present drawn in the right places, and are there perhaps too many lines already? Their letter is very welcome, and it is to be hoped that many others will join this debate and express their views on what is an important matter.

My main research interest has been in those psychological disorders seen by generalists in primary care and general hospital practice, and here the overlap between symptoms is particularly marked. In this broad group, the reasons for suspecting common ground between the various syndromes are set out at length elsewhere, and the arguments considered most certainly included both data and clinical utility. It seems to my colleagues that if we are to make at least gradual progress towards a more rational system of classification there are other peculiar features that need attention. What sense does it make to classify similar disorders in different chapters of the ICD? Not only is there overlap between adult and child disorders, but the fact that anxiety disorders, mood disorders and somatoform disorders occur in separate chapters makes multiple ‘comorbidity’ inevitable for many patients. Craddock & Owen welcome dimensions (without mentioning the problems that are associated with them) but appear to want the chapter structure of the classifications to remain as it is. It is difficult to see the advantage in doing this, and we cannot wait until ‘neuroscientific’ research has allowed us to cross the last frontier before improving it. It is not clear whether epidemiological or psychological research may also be allowed to be considered relevant — they are both respectively scientific, but do not qualify for the prefix ‘neuro-‘.

The problem of where to put bipolar disorder is a difficult one to resolve, and for the time being the balance of evidence probably favours a cowardly approach, with bipolar disorders being separate from both schizophrenias on the one hand, and emotional disorders on the other. It is clear that further modifications will inevitably be made in our classifications as knowledge increases, and that changes suggested now can only be provisional. It remains to be seen whether either classification
will take any account of the arguments put forward – but at least the issues have been aired. Our suggestions were intended to provoke discussion, in the hope that we might make a little progress towards a still distant goal.


David Goldberg, Institute of Psychiatry, King’s College London, UK. Email: david.goldberg@kcl.ac.uk
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Suffrage or suffering? Voting rights for psychiatric in-patients

Before the Representation of the People Act 1949, in-patients in psychiatric settings were usually denied the right to vote in the UK General Elections; instead they were considered unsuitable and labelled (by common law) as ‘idiots’ or ‘lunatics’.1 Furthermore, the 1949 Act disenfranchised those with mental disorders by refusing to allow patients to register to vote while under the care of psychiatric institutions. This ruling was not revoked until 1992.

The 1997 Representation of the People Act (now the Electoral Administration Act 2006) states that ‘every citizen has a right to vote’. More than half (n = 17, 89%) of staff members who participated in this study agreed that this right should be extended to all psychiatric in-patients. Patients detained under the Mental Health Act 1983 have a right to vote either in person, by post, or by proxy (under the Electoral Administration Act 2006).

I decided to investigate current knowledge of in-patients’ voting rights among healthcare workers on two adult in-patient psychiatric wards. I asked 19 staff members whether or not they believe psychiatric in-patients have the right to vote and whether legal status (i.e. informal or detained under Sections 2 or 3 of the Mental Health Act 1983) made any difference to this provision. Those who took part included psychiatric trainees (n = 3), registered mental health nurses (n = 9) and healthcare assistants (n = 7).

Of those I asked, responders were only aware of two in-patients who were registered to vote; these patients were both receiving care informally on a female psychiatric ward. The majority of participants agreed that informal patients did have a right to vote (n = 17, 89%). Interestingly, only 12 (63%) and 10 (53%) people agreed that patients had this right if detained under Sections 2 and 3 of the Mental Health Act 1983 respectively. Almost all who participated stated that they had not been given information regarding voting rights leading up to the election, and that lack of awareness had made it impossible to provide informed decisions in response to my questions. The reasons cited for believing that patients detained under the Mental Health Act 1983 may not have voting rights included increased severity of illness, practical problems getting patients to polling stations, and a belief that current legislation is likely to be discriminatory and out of date. More than half (n = 11, 58%) of those interviewed (including all three psychiatric trainees) reported that this was the first time that they had been asked to consider patients’ voting rights.

These findings, albeit from an investigation with clear limitations, demonstrates that knowledge of voting rights is lacking among those working in psychiatric units. I believe this criticism is a reflection of lack of clear guidance, and a deficiency in undergraduate/postgraduate psychiatric training. This is not a new issue – similar concerns raised in previous research appear to have been overlooked.2,3


2 Smith H, Humphreys M. Changes in laws are necessary to allow patients detained under Mental Health Act to vote. BMJ 1997; 315: 431.


Gareth Rees, Solihull Hospital, Birmingham and Solihull Mental Health NHS Foundation Trust, UK. Email: garethrees@doctors.org.uk
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