the crowded and eager seminar in Oxford organised by the National Schizophrenia Fellowship on March 17th.

Ignorance and prejudice about the disease are prevalent even among the educated. During the last week a woman has told me of her struggle to get her apparently schizophrenic son seen. The third GP advised her to throw the young man out, the fourth prescribed tranquillizers for her, but would not see the son. A general practitioner has told me that, in a lifetime's practice she had only seen one case of schizophrenia. Oxford academics have told me that they were not interested in schizophrenia as they did not have it in their colleges!

The National Schizophrenia Fellowship is an association of relatives and professionals to further the needs of sufferers and their families. We are concerned about the discharge of patients from mental hospitals to an uncaring community and the difficulty in getting admission for those in need of nursing and asylum. Ten times the present number of community psychiatric nurses need to be trained, social work training re-designed and satisfying occupation provided for the half million unemployable patients. Legislation is needed for treatment in the community of people who have lost insight in an acute episode. Psychiatric care for the mentally ill offender should be up to NHS standards.

As a result of close contact with sufferers, the NSF is convinced of the "medical model" for schizophrenia, and in the absence of a known cure acknowledges the need for drugs. We reject the view that schizophrenia is caused by faulty upbringing, psychiatric labelling or Western culture. Our organisation has extensive and specialised knowledge of schizophrenia which could and should be used in cooperation with the NHS for the benefit of sufferers and their families.

MARJORIE HARE

National Schizophrenia Fellowship
78 Victoria Road
Surbiton KT6 4NS

CORRECTION

(*Journal*, March 1986, **148**, 334). The second paragraph of the letter from Dr Sireling and Professor Paykel should read: "They suggest that the exclusion of patients who had seen a psychiatrist or received antidepressants in the past three months would have "creamed off" many severely depressed patients. We believe that antidepressants make patients less, not more severely depressed, and that the approximately 10% of depressed patients whom general practitioners refer to psychiatrists cannot be legitimately regarded as 'general practice depressives'."

https://doi.org/10.1192/S0007125000211513 Published online by Cambridge University Press