accompany HIV infection (Thomas et al, 1985; Rundell et al, 1986; Jones et al, 1987) or may be the first presentation of the acquired immunodeficiency syndrome (AIDS) (Thomas & Szabadi, in press). Indeed, HIV dementia may be the first and only manifestation of HIV infection (Navia & Price, 1987).

In psychotic patients who come from high-risk groups (promiscuous homosexuals, bisexuals, drug addicts, prostitutes, and haemophiliacs), HIV infection must be considered in the differential diagnosis. A clinical dilemma is posed when such individuals are unable to give informed consent to HIV testing (or understand the pre-test counselling, etc.) by virtue of their disturbed mental state.

Venepuncture without consent on an informal patient is a battery and a form of trespass on that person. Should those psychotic individuals who are unable to give consent or are irrationally refusing (as a result of their mental disorder) be detained under Section 2 of the 1983 Mental Health Act for the purpose of assessment and further investigation of their mental illness?

I have had personal experience of two psychotic patients who were HIV positive; it was necessary to detain both under the Mental Health Act, as one had tried to throw himself in front of passing vehicles and the other had threatened to cut his mother's throat. It is envisaged, however, that there will be some psychotic individuals (from high-risk groups) who are not thought to be a risk to themselves or others but who are unable to give informed consent. In these individuals it would seem inappropriate to recommend detention under the Mental Health Act for performing a blood test. In such cases, would a doctor be ethically justified in removing some blood from a co-operative patient for HIV screening without obtaining informed consent?

The advantage of knowing HIV status is apparent. Treatments for HIV infection are available, but as yet are only palliative. The infected individuals can be identified and appropriate precautions taken, if not already being practised. A negative test should lead to further investigation of the aetiology of the psychosis.

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Behavioural Psychotherapy in General Practice (Marks, *Journal*, May 1987, 150, 593–597) – A Response

SIR: It is widely believed (by several people, in fact) that psychiatry is a highly specialised business. This notion is based upon quite false assumptions that I need hardly trouble you with here. Literally hundreds (possibly thousands) of Girl Guides, St John's Ambulancemen, swimming bath attendants and the like have found it quite easy to acquire what at first sight appear to be complex skills without any time-wasting basic science training.

In fact, you can take it from me that psychiatry is beset by unnecessary and restrictive mystique, whereas within days (possibly hours) all that needs to be known about the subject can be imparted to thousands (if not millions) of quite ordinary people with little knowledge of anything particular already in place, so to speak.

We have recently shown, for example, that the therapeutic silence in group therapy is a skill mastered easily by cohorts of bus drivers although, admittedly, they may have been a tactiturn bunch to begin with. Our classes in writing benzodiazepine prescriptions, too, have clearly demonstrated that, within just a few minutes, most cloakroom attendants have grasped a skill hitherto thought to require years of training.

It is true, of course, that we have had a bit more difficulty in training a group of unemployed geography supply teachers to recognise schizophrenic thought disorder, but this may well have been due to some confusion on our part about this strange condition.

The evidence for what I'm saying comes from my own long experience, you understand. But you can take it from me and my staff that there is really nothing to it and we could within weeks (or possibly days, in an emergency) turn out thousands (possibly millions) of perfectly well-qualified psychiatrists busily and successfully treating just about anything you care to mention.

Frankly, I can't see what all the fuss is about.

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