Letters from readers are welcome. They will be published at the editor's discretion as space permits and will be subject to editing. They should not exceed 500 words with no more than three authors and five references and should include the writer's e-mail address. Letters commenting on material published in *Psychiatric Services*, which will be sent to the authors for possible reply, should be sent to Howard H. Goldman, M.D., Ph.D., Editor, *Psychiatric Services*, at ps journal@psych.org. Letters reporting the results of research should be submitted online for peer review (mc.manuscriptcentral.com/appi-ps).

Disclosure Statements for Book Reviewers

To the Editor: In the March book review section, Dr. Danny Carlat provided an extensive review of the book *Our Daily Meds* (1). On the surface, it seems like a fair and scholarly review, drawing readers' attention to some sections of the book and suggesting that they might skip others. The review focuses heavily on part 2, in which the author lambastes drug-marketing practices by providing an account of a particularly egregious example.

The ethical problem here is the limited information presented on Dr. Carlat's background; only his academic affiliation is listed. Book reviews can be biased, just as research studies can, and readers may fail to recognize the bias. Why was nothing said about Dr. Carlat's prior work for drug companies as a paid speaker, his "reform," and his subsequent newsletter? Could it be that these experiences biased his review?

The review needed not just a disclosure statement but consideration of what such disclosure means—thoughtful consideration that is akin to the ethical process of informed consent. I would call such a process "informed disclosure." Perhaps two reviewers were needed for this book, with differing views on the pharmaceutical industry. That might have reduced the potential impact of reviewer bias.

H. Steven Moffic, M.D.

Dr. Moffic is professor of psychiatry and behavioral medicine and family and community medicine, Medical College of Wisconsin, Milwaukee.

Reference

1. Carlat D: Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves Into Slick Marketing Machines and Hooked the Nation on Prescription Drugs [book review]. Psychiatric Services 60:409–410, 2009

In Reply: I thank Dr. Moffic for raising this important issue. I'll begin with a quick word in my defense. *Psychiatric Services* does not ask book reviewers to submit forms disclosing potential conflicts of interest, although they do require such forms from authors of research reports. I have hardly been shy about describing my experiences with the pharmaceutical industry and my opinions about certain marketing practices (1), and I would have been happy to have made such a disclosure if the journal's policies requested it.

But that is passing the buck. In retrospect, considering how controversial this topic is, I could—and probably should—have insisted that a disclosure be published. As I've written elsewhere (2), research articles and clinical reviews should be accompanied by full disclosure of all relationships that might conceivably bias the content. Book reviews typically do not have the same impact on clinical practice and patient care as research articles, so they have flown under the radar of the disclosure policies for many journals. But Dr. Moffic makes a good case, and I'm pleased that my own oversight may lead to a necessary improvement.

Danny Carlat, M.D.

Reference

1. Carlat D: Dr Drug Rep. New York Times Magazine, Nov 25, 2007

2. Carlat D: Conflict of interest in psychiatry: how much disclosure is necessary? Psychiatric Times, Nov 1, 2006

Editor's Note: Beginning with this issue, *Psychiatric Services* will request signed disclosure forms from all book reviewers, and a disclosure statement will accompany all reviews.

A Survey of Staff Attitudes About Smoking Cessation

To the Editor: The Connecticut Mental Health Center is a state-owned and state-operated facility with both inpatient and outpatient services, run jointly by the Connecticut Department of Mental Health and Addiction Services and Yale University. It serves individuals from the greater New Haven area who have severe and persistent mental illness, a substance use disorder, or both. Alarmed by the National Association of State Mental Health Program Directors report (1) documenting the shortened lifespan for patients with severe and persistent mental illness and encouraged by reports of other state facilities implementing smoke-free policies (2), the center's leadership undertook a rigorous and concerted effort to address smoking.

A staff survey was conducted to assess attitudes about smoking cessation programs in order to aid policy development. The anonymous survey was mailed to a random selection of one-third (N=227) of the 680 staff members in January 2007. Respondents were asked to note their level of agreement with four attitude statements using a 5-point Likert scale (1, strongly disagree, to 5, strongly agree). The first three statements concerned assistance to quit: "Inpatients [or outpatients or staff] who smoke should be offered assistance to quit." The fourth stated that the entire facility and grounds should be smoke free. Chi square and one-way analysis of variance tests were used to compare demographic characteristics of respondents in three smoking status groups. Ordinal regression analyses were conducted to examine whether smoking status was a significant predictor of responses to any of the four attitude statements. Age, race, sex,

and job category were entered in all regression analyses as covariates.

Twenty-five of the 227 surveys were returned because the staff members were not currently employed by the center. A total of 175 of the remaining 202 potential respondents completed the survey (response rate of 87%). Most survey respondents were women (N=124, 71%) and Caucasian (N=117, 67%), and the mean±SD age of respondents was 42.5±11.8 years. Most respondents had never smoked (N=107, 61%); 14% (N=25) defined themselves as current smokers, and 25% (N=43) defined themselves as former smokers. The smoking status groups did not differ significantly by gender, race, or job category. Most respondents agreed that assistance to quit smoking should be offered to inpatients (N= 154, 88%), outpatients (N= 150, 86%), and staff members (N= 142, 81%). Smoking status did not predict attitudes about whether smoking cessation assistance should be offered to patients and staff. Chi square analyses showed that respondents differed by smoking status in their agreement about whether the entire mental health center campus should become smoke free ($p<.05$). In addition, the overall regression model was significant ($\chi^2=14.9$, df=6, $p<.05$). When the analysis controlled for age, gender, ethnicity, and job category, smoking status continued to predict attitudes about a smoke-free center. In general, compared with former smokers and current smokers, a larger proportion of those who had never smoked agreed that the mental health center should be smoke free.

Prior research has demonstrated that mental health and addictions staff who smoke are less likely to counsel their clients regarding smoking cessation (3,4). In our study we found that attitudes about whether the center should become smoke free differed by smoking status. To achieve the goal of improving the health of the individuals we serve and the staff who participate in that effort, we developed educational and incentive programs as key components of a multifaceted initiative to assist both staff and patients who smoked. The entire campus, including inpatient and ambulatory services, became a smoke-free environment on April 7, 2008, without incident.

Jeanne L. Steiner, D.O.
Andrea H. Weinberger, Ph.D.
Stephanie S. O'Malley, Ph.D.

The authors are affiliated with the Connecticut Mental Health Center and the Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut. *The findings were presented as a poster at the National Association of State Mental Health Program Directors Research Institute Conference on State Mental Health Agency Services Research, Program Evaluation, and Policy, Alexandria, Virginia, February 11, 2008.*

Acknowledgments and disclosures

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The authors report no competing interests.

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2. Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery. Alexandria, Va, National Association of State Mental Health Program Directors, 2007
3. Weinberger AH, Reutenauer EL, Vessicchio JC, et al: Survey of clinician attitudes toward smoking cessation for psychiatric and substance abusing clients. Journal of Addictive Diseases 27:55–63, 2008
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