Implementation of the 1983 Mental Health Act

Sir,
The Draft Code of Practice, a long and complicated document prepared a year ago for the Department of Health and Social Security by the Mental Health Act Commission,[1] made some hackles rise; reports indicate a hostile formal response from the psychiatrists and a more temperate one from general practitioners.[2]

The average British general practitioner is only involved in compulsory psychiatric admission about once a year, and therefore probably thinks this infighting is a long way removed from day-to-day practice. Not so.

There is much in the Act which could apply to a general practitioner's daily working, as the reduction in hospital beds is accompanied by an increase in hostels, group homes and, particularly, private nursing homes. The general practitioner is as yet not much involved in the operation of Section 17 (leave of absence from hospital), Section 7 (guardianship), Section 66 (reports to mental health review tribunals), Section 57 (use of psychosurgery or hormone implants), or Section 117 (after-care).

The Mental Health Act Commission itself has asked that powers be extended to *de facto* detained patients,[3] and the Secretary of State has the power 'to direct the Commission to keep under review any aspects of the care and treatment of informal patients'. Lack of money will probably preclude a very wide extension of the Commission remit, but perhaps as a result of general practitioner attendance at Commission visits to social service departments, there may now be an increasing awareness within the Commission of the content and organization of primary care.

Multidisciplinary working may well become a reality in mental health. Meantime practices could well consider their position on the Mental Health Act sections mentioned above, and in particular:
— their working relationships with community psychiatric nurses and social services departments;
— their working practice with those incapable of giving fully informed consent to treatment, particularly the mentally handicapped and the elderly confused;
— their involvement in and knowledge of behaviour modification programmes produced by psychologists for use in the community and their knowledge of those on long-term medication, particularly depot phenothiazines and lithium.

There is a little more to mental health audit, sorry, critical review, than knowledge of benzodiazepine consumption.

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References

1. Department of Health and Social Security. *Mental health act 1983: section 118. Draft code of practice.* London: HMSO, 1985.
2. Hamilton R. Patronising and unrealistic. *Br Med J* 1986; **1:** 1219-1220.
3. House of Lords Official Report, 4 December 1985: 1351-1352.

The saucepan

Sir,
I have never had the pleasure of meeting Professor David Metcalfe, nor of hearing him lecture, but I have read the transcript of his 1986 William Pickles Lecture (August *Journal,* p.349). I have never been to Manchester, but I did once have a holiday in Aysgarth, so maybe I am qualified to comment. It is with his discourse in mind that I make an analysis of the components of the fundamental transaction of academia — the memorial lecture — the saucepan of learning.

Let us examine the recipe, with reference to Figure 1. Initially credibility is established by invoking the memory of the worthy after whom the lecture is named, and thereafter by reference to former lectures. The meat of the lecture is a succession of quotations and ideas attributed to as many different sources as possible. Fibre is added in the form of a 'Figure 1', and 'factor X' is added for that mystic feel and 'essential vitality'. The whole is seasoned with a liberal sprinkling of verbosity, by which the simplest of concepts is rendered incomprehensible.

Regrettably, as every chef knows, a stew can be overseasoned, overcooked, or simply taste unpleasant for some indefinable reason (factor Y perhaps). Likewise, memorial lectures can be pleasant but they may leave you with frank indigestion.

After the meal, when the chef has been applauded, and when the diners have gone in search of antacids or H_2-blockers, we are left with two questions: who is going to wash the dishes, and can they do it in six minutes?

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Professor Metcalfe replies:

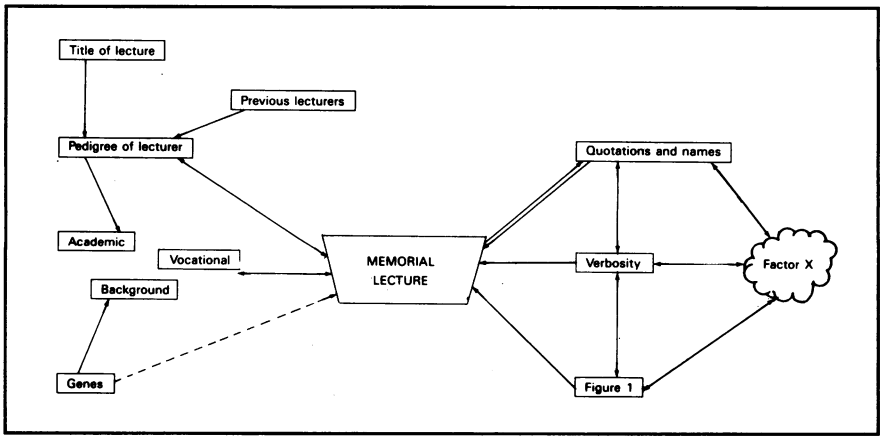

Figure 1. *Model for lecture recipe*