We continue to read in the Press that large psychiatric hospitals imply incarceration, custodial care and increased dependency. These are dangers, but there are still many advantages in a larger hospital. It is often of a size to provide a range of facilities which can be used flexibly for patients. Psychiatric patients may well be disturbed on admission (and this includes mentally ill offenders), but with treatment this feature lessens. Thus, the patient can be moved to less secure wards, can be tried in various situations as part of rehabilitation, and so an orderly attempt can be made to return the patient to the community. But more is needed to maintain the morale and viability of mental hospitals. Already, many provide active and diverse treatment. Specialized units for alcoholism, for adolescents and rehabilitation would offset the more difficult and less glamorous tasks of caring for the elderly, the chronic and the disturbed. A further need is to link District General Hospital mental illness units with a large mental hospital. To emphasize the integration, staff, both medical and nursing, require to be appointed jointly to both hospitals. The emphasis is then on a comprehensive psychiatric service using the range of facilities as is appropriate to the patient. In this way distinctions would lessen.

Although this approach is practised here and there, much of the official planning still concentrates on the mental illness unit only, and views of the mid-60's still predominate. And so our large hospitals continue to deteriorate on the assumption they have no future. It is under such circumstances that scandals breed. A lead is required by both the College and the DHSS in using our current resources effectively and positively.

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TREATMENT WITHOUT CONSENT

DEAR SIR,

Counsel's Opinion (*Bulletin* February 1979, p. 21) on giving treatment to a detained patient without consent is interesting and helpful but does it go far enough? The advice that only in circumstances of urgent necessity should treatment other than observation be given to a patient admitted under Section 25 will make for difficulty in management, and applications to proceed to treatment under Section 26 will lead to delay and unnecessary suffering. It is disappointing that Counsel has not considered the role of the responsible medical officer, who is nowhere mentioned in the opinion.

The responsible medical officer in Section 59 (i) 'means (a) in relation to a patient liable to be detained by virtue of an application for admission for observation or an application for treatment, the medical practitioner in charge of the treatment of the patient.' The definition is repeated in paragraph 23 of the 6th schedule. Attention should be given to the words 'responsible' and 'in charge of the treatment'. 'Responsible' means 'answerable, accountable (to another for something)' and 'capable of fulfilling an obligation or trust', according to the *Shorter Oxford English Dictionary*, and the same authority connects 'in charge of' with 'commission, and responsibility'.

It would seem, therefore, that Parliament had confidence in the judgment of the responsible medical officer not only in the matters of withholding unsuitable postal packets (Section 36), reclassification (Section 38), granting leave of absence (Section 39), authorizing discharge (Section 47), and restricting discharge by the nearest relative (Section 48), but also in the treatment of patients, consenting and non-consenting, detained under both Section 25 and Section 26.

I am sure that many clinicians will be interested in further discussion of this point.

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MENTAL HEALTH

DEAR SIR,

Some years ago, *The Journal of Mental Science* changed its name to *The British Journal of Psychiatry* and later 'The Royal College of Psychiatrists' became established.

Psychiatry has undergone considerable changes in a short span of time. Those working in the field for a relatively small number of years find many of their hallowed viewpoints and conceptions challenged and their original role less certain. Sociology, psychology and behavioural science have had a considerable influence on psychiatry. Regrettably 'Psychiatry' is still a term which has unfortunate connotations in lay circles.

This prompts the thought as to whether a change to the conception of 'Mental Health' would not be worth considering. This has the merit of emphasizing 'health' rather than illness and treatment. Specialist or Consultant in Mental Health might be the term adopted. Eventually the *Journal* might change its name if the trend found favour.

It would be interesting to know if others have thoughts on these lines.

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