Working for the Mental Welfare Commission for Scotland

Report of a senior registrar attachment

Rhona Morrison and John Geddes

In this article we describe a six-month attachment to the Mental Welfare Commission for Scotland undertaken as part of higher professional training. We discuss the training benefits of such an attachment, emphasising the valuable overview it provided of mental health policy and the use of guardianship and leave of absence.

Innovative secondments can provide valuable experience in higher psychiatric training. Recently, the National Health Service (NHS) Health Advisory Service, in association with the Management Special Interest Group of the Royal College of Psychiatrists, offered a series of three-week attachments for senior registrars (Richardson & Williams, 1993). We describe the experience and benefits of a recent six-month part-time attachment to the Mental Welfare Commission for Scotland.

The Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland (MWC) was created in the Mental Health (Scotland) Act 1960 and has a similar role to that of the Mental Health Act Commission in England and Wales. It has a statutory duty to protect mentally disordered persons including in-patients (detained or voluntary) or out-patients living in their own homes or Local Authority, voluntary or privately run accommodation. The MWC also has a duty to investigate cases in which there may be ill-treatment or deficiency of care of treatment. When appropriate, the MWC may discharge detained patients from hospital or guardianship orders (Mental Welfare Commission for Scotland, 1993).

The MWC consists of a chairman, two medical and one social work full-time commissioners and 15 part-time commissioners who are appointed by the Queen on the recommendation of the Secretary of State for Scotland. Three of the commissioners must be medically qualified and three must be women; currently the others include representatives from the legal, psychology, nursing, social work, occupational therapy, and accountancy professions. There are also four medical and one social work officers who carry out the majority of the interviews with patients. In this report, we describe our experience of working for the MWC in the role of temporary medical officers.

Experience provided

We worked six sessions per week for six months as part-time medical officers for the MWC. In practical terms, this involved the following:

(1) Visiting detained patients who requested a review of detention, following which a report was compiled and submitted to one of the weekly Office Committee Meetings (at which there must be a quorum of five commissioners, at least one of whom is medically qualified) or the monthly full meeting of the MWC.

(2) Visiting patients on guardianship orders or those who were detained under Section 18 of the MH(S)A (a six-month section similar to Section 3 of the Mental Health Act (1983)) who were on extended leave of absence from the hospital in order to ensure their well-being and continued supervision.

(3) Accompanying commissioners on the annual visits to all psychiatric hospitals in Scotland. During these visits all patients who have been detained for more than two years were interviewed. Any detained patients who requested a review of their detention, or voluntary patients who requested an interview were also seen.

(4) Part X of the MH(S)A 1984 requires the completion of forms 9 (completed by the Responsible Medical Officer) and 10 (completed by a second opinion doctor) concerning consent to treatment for detained patients. We reviewed these forms, making enquiries when treatment was outside generally accepted guidelines such as those of the *British National Formulary* (British

Psychiatric Bulletin (1996), **20**, 480–481

Medical Association & The Pharmaceutical Society, 1995).

At the weekly office committee meetings and the monthly full meetings, the MWC discusses the reports provided by the medical officers and any other important issues such as reports of suicides or complaints. In addition, Health Boards, Local Authorities and individual practitioners seek the Commission's views on a wide range of issues from service development plans to patient management problems. The Scottish Office Home and Health Department also seek comments on relevant policy and strategy documents.

The value of the experience

The attachment was useful for both us and the MWC. Perhaps most importantly from our perspective, it gave an overview of the provision of psychiatric care throughout the whole of Scotland. This allowed an insight into the development of community care and observation of varying styles of clinical management. The full-time commissioners and officers of the MWC possess a wealth of knowledge about mental health legislation. We rapidly became very familiar with several provisions of the MH(S)A 1984 and Code of Practice (SHHD, 1990) of which we had little prior experience. There are two specific examples of this. First, guardianship is little used in the care of the mentally ill although some have recommended its wider use (Symonds, 1993). In Scotland, in 1993–4, there were just 41 new cases of guardianship and the total number of guardianships at the end of that period was 81 (MWC, 1995). Second, in Scotland, unlike the situation in England and Wales, some patients detained under section 18 of the MH(S)A 1984 are managed on extended leave of absence (LOA) beyond six months, although some argue that this is possible "only . . . by creative interpretation of the Act" (Chiswick, 1993). The MWC considers LOA to be a useful way of caring for chronically mentally disordered patients who are incapable of cooperating with their treatment plans. Only approximately 150 patients in the whole of Scotland are on extended LOA at any one time (MWC, 1994), although the numbers are probably increasing (MWC, 1995). During the attachment, we visited many patients on guardianship orders and LOA, and therefore gained invaluable experience which is normally difficult to obtain.

Mental health policy continues to develop at a rapid rate and it can be difficult to keep up-to-date for senior registrars who often have limited access to policy documents. Our time at the MWC provided an all too brief window of opportunity to get to grips with rapidly evolving policy. Of course, the challenge will be to keep up-to-date following the attachment.

We believe that the MWC also benefited from our attachment. The full-time staff of the MWC do not have any regular clinical sessions and our presence therefore provided a useful, and sometimes challenging, clinical perspective to the Commission's debates. This view seems to be shared by the MWC, and senior registrars from Aberdeen, Glasgow and Edinburgh now undertake attachments to the MWC (MWC, 1995). On our visits to hospitals throughout Scotland, we also found that sometimes isolated clinicians often relished the chance to talk through difficult management decisions with us. Our position as senior trainees seemed to facilitate this process.

In conclusion, we would recommend this experience to other senior registrars without hesitation.

Acknowledgement

We thank Dr Jim Dyer, Director of the Mental Welfare Commission for his helpful comments on this article.

References

BENBOW, S. M. & GERMANY, E. (1992) The use of guardianship orders. *Psychiatric Bulletin*, **16**, 292–293.

BRITISH MEDICAL ASSOCIATION AND THE PHARMACEUTICAL SOCIETY (1995) *British National Formulary*, No 29. London: BMA & The Pharmaceutical Society.

CHISWICK, D. (1993) Compulsory treatment in the community in Scotland: ten questions and answers. *Psychiatic Bulletin*, **17**, 454–425.

SCOTTISH HOME AND HEALTH DEPARTMENT (1990) *Code of Practice in Accordance with Section 119 of the Mental Health (Scotland) Act 1984*. HMSO: Edinburgh.

MENTAL WELFARE COMMISSION FOR SCOTLAND (1994) *Annual Report 1992–3*. Edinburgh: Mental Welfare Commission.

— (1995) *Annual Report 1993–4*. Edinburgh: Mental Welfare Commission.

RICHARDSON, G. J. R. & WILLIAMS, R. (1993) Secondment of senior registrars to the NHS Health Advisory Service. *Psychiatric Bulletin*, **17**, 441.

ROYAL COLLEGE OF PSYCHIATRISTS (1993) *Community Supervision Orders*. London: Royal College of Psychiatrists.

SYMONDS, R. L. (1993) Guardianship – a case for wider use. *Psychiatric Bulletin*, **17**, 276–278.

Rhona Morrison, *Senior Registrar in Forensic Psychiatry, Douglas Inch Centre, Glasgow G3 7U*; *John Geddes, *Senior Registrar, Department of Psychiatry, Kennedy Tower, Royal Edinburgh Hospital, Morningside Park, Edinburgh EH10 5HF*

*Correspondence: Dr J. Geddes, Warneford Hospital, Oxford OX3 7JX