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The Mental Health Act 1983 – what does the patient think?

C. W. Rusius, Registrar in Psychiatry, Doncaster Royal Infirmary, Armthorpe Road, Doncaster DN2 5LT

Mental disorders may seriously impair insight and therefore cause some patients to refuse potentially life-saving treatment which they would otherwise accept. Opinion on the ethics of current legislation regarding compulsory admission and treatment varies with open debates leading to heated and emotive exchanges. During the reading of the 1982 Mental Health Amendment Bill intense lobbying of MPs took place (Bluglass, 1984). Some argued against compulsory detention because of its infringement on personal liberty while others argued that it was necessary for the adequate treatment of mental disorders which impair insight. They pointed out one's right to receive appropriate treatment whether or not insight is impaired.

The opinions of patients who have been compulsorily detained or treated are of central importance in these debates, yet surprisingly, there are no reports in the literature examining them. This survey was therefore conducted to assess patients' retrospective views of being detained and treated against their will.

The study

The sample population consisted of psychiatric outpatient attenders aged between 17 and 65, who had been detained in hospital under the provision of the 1983 Mental Health Act within the past three years. The survey was carried out at Doncaster Royal Infirmary, a district general hospital covering a catchment population of 300,000. The patients had been under the care of one of six consultant psychiatrists.

A questionnaire was designed to assess patients' current views about having been detained and treated against their will. Several pilot studies were carried out to improve the wording by interviewing patients after completion of the questionnaire to assess how accurately their answers reflected their views. The final version asked patients how they felt about three aspects of their compulsory treatment. They were asked how they now felt about being forced to stay in hospital against their will, how they now felt about being forced to have drugs, and how they now felt about being forced to have ECT. For each question response options of 'grateful', 'not bothered', and 'resentful' were available.

A consecutive series of patients fulfilling the above criteria were asked to complete the questionnaire and leave it in the out-patient department. The study continued until 50 questionnaires were completed.

Findings

Asked how they felt about being forced to stay in hospital against their will, 33 (66%) answered 'grateful', 12 (24%) 'not bothered' and 5 (10%) 'resentful'; 45 (95%) had been forced to have drugs against their will, of whom 27 (60%) were now grateful, 11 (25%) 'not bothered' and 7 (15%) resentful; 22 (44%) felt they had been forced to have ECT against their will, of whom 12 (54%) were now grateful, 3 (14%) 'not bothered' and 7 (32%) resentful.

Comment

Insight from a psychiatric point of view has been proposed to have three components: the recognition that one has a mental illness, compliance with treatment, and the ability to recognise abnormal mental events (e.g. hallucinations) as pathological (David, 1990). Impairment of insight can, therefore, cause the refusal of treatment which would otherwise be accepted. This study examines patients' views on a grateful/resentful scale, after their compulsory treatment. Grateful is defined as 'feeling or showing that one values a kindness or benefit received', and resentful is defined as 'feeling displeased or indignant about, feeling insulted by (something said or done)' (*Oxford English Dictionary*). Although blatantly superficial, these response options were felt to provide a valid indicator of patients' views.

At the time of detention it could be assumed most patients were resentful of their detention, otherwise use of the Mental Health Act would not have been necessary. It is, however, their views after treatment which are important, as their insight may have improved, enabling a more informed opinion to be expressed. The results show a substantial majority of 66% were subsequently grateful for their compulsory detention compared with only 10% remaining resentful. Similar results were obtained for compulsory drug treatment with 60% grateful and 15% resentful. ECT gave a more evenly divided response with 54%

grateful and 32% resentful. The emotive subject of compulsory ECT is reflected by the need for a second opinion in the absence of informed consent. The patients answering this question were those who perceived themselves as being forced to have ECT and they had not necessarily had a second opinion.

There are a number of deficits to this survey. The analysis of data was severely limited by conducting it anonymously. Further analysis with regard to diagnosis, age, sex, and mental state when completing the questionnaire were not possible. In addition, the sample was biased as only out-patient attenders were included. Patients were, however, assumed to be improved as they were now living in the community.

Nevertheless the results indicate that, despite initial refusal of treatment, most of the people were subsequently grateful for their compulsory detention and treatment. Patient choice and personal liberty are of great importance but only if one's mental state enables an informed choice to be made. Assuming one has the right to receive treatment for a mental disorder, whether insight is impaired or not, then continuing legislation to allow compulsory treatment is necessary.

It is an area which merits further examination. Patients should have their views represented accurately rather than have others assume their objections on their behalf. This could lead to beneficial amendments being made to the current legislation to the satisfaction of those most affected by it. One possibility raised was for frequently detained patients with recurrent mental disorders to make a contract, when well, to give permission for future compulsory admission and treatment, without having to reach the severity, or suffer from the delays of current legislation. Far from reducing patient choice, this would give patients a greater say in their future treatment.

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Audit in practice

ECT – current practical administration

ANDREW J. HILL-SMITH, Registrar, Netherne Hospital, P.O. Box 150, Coulsdon South, Surrey; and MARTIN S. LEE, Consultant Psychiatrist, Sutton Hospital, Cotswold Road, Sutton, Surrey SW2 5NF

In the current climate of interest in audit (Standing Medical Advisory Committee, 1990) and a desire at our hospital to embark on criterion based projects, we set out to undertake a simple audit project surveying the practice of ECT. The aim was to audit the treatment facilities, the treatment procedure and the supervision and training. It was hoped that the full cycle of audit – setting goals, measuring activity, and then effecting change – would be achieved (Shaw & Costain, 1989)

The study

The Chiltern Wing, Sutton Hospital is a self-contained unit with three general psychiatrists, one rehabilitation psychiatrist and six SHO/registrars. Of the 50 in-patients, about one to two patients per month receive ECT. We chose a study period of six months during which eight patients received ECT and seven were included in the audit. One patient's treatment was not audited because ECT