

## Reviews

### **Changing Patterns in Mental Health Care: Report on a WHO Working Group EURO Reports and Studies No 25. HMSO. Pp 50. Sw. fr. 4**

This interesting and well-written booklet summarises the proceedings of a WHO working group composed chiefly of psychiatrists from thirteen European countries who met in Cologne for a few days towards the end of 1978 to talk about patterns of mental health care. In the introduction, the now extensive common ground concerning trends in underlying problems (greater emphasis on dementia, alcoholism, drug addition, parasuicide, difficulties of childhood and adolescence) and their effects on service use and need, together with the difficulties encountered in the search for a humane 'community care', are reviewed with admirable economy.

A substantial section is devoted to a description of experimental services in Trieste, Mannheim, Stockholm and Leningrad. There has been a good deal of curiosity in this country about the implementation of the new Italian law. Rumours of an anti-psychiatry revolution have circulated. The story as told here (based on an account by Dr D. H. Bennett) suggests a crash programme in which developments that have taken us thirty years have been concentrated into ten. The same mistakes have been made and the same lessons learned, but much more dramatically. One major question for the future—how to care adequately for people who persist in being disabled in spite of all theories to the contrary—has an ironically familiar ring. One would just like to have read a word or two about the problems of the relatives who, in Trieste as elsewhere, carry much of the responsibility for the innovations professional people introduce.

Descriptions of the three other services are based on accounts by the professionals involved. In the first two cases, it is mainly a question of trying to implement ideas that are well accepted elsewhere, though the Stockholm experience poses interesting questions about the extent to which a psychiatric service should be made available 'on demand' to the general public.

The Leningrad story is not so much of an innovation as of continued development. The service sounds as though it provides well for chronically disabled people. There is also much emphasis on primary prevention. But, as the rapporteur (Professor Brian Cooper) remarks, we have not yet progressed to a stage at which we can talk about comparative evaluation.

Briefer accounts are given of schemes of care for certain special groups non-hospital accommodation for the chronically mentally disabled in Baden-Württemberg, a boarding-out scheme at Kortenberg in Belgium, a drop-in advisory centre for young people in Zurich, and crisis intervention

services in several countries (based on a survey by Professor J. E. Cooper). The value of self-help groups, such as our own National Schizophrenia Fellowship, is emphasized.

British psychiatrists who read the booklet will find familiar problems being considered in unfamiliar contexts; a useful opportunity to broaden one's point of view.

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### **Representing the Mentally Ill and Handicapped, a Guide to Mental Health Review Tribunals by Larry Gostin and Elaine Rassaby. Published by Quartermaine House for MIND. 1980. 215 pp. £3.50.**

'Your representative owes you, not his industry only, but his judgement; and he betrays instead of serving you if he sacrifices it to your opinion'. So said Edmund Burke to the electors of Bristol in 1774, and fortunately our MPs agree, otherwise for a start we would surely have capital punishment back. Mr Gostin and Ms Rassaby of MIND would, however, strongly disagree. They believe a patient's representative should not interpret his role as one of making judgements considered to be in the patient's best interests: 'to do so is to adopt a highly paternalistic and inappropriate role'. Instead they insist the representative should adopt a 'strict instructions' approach and they castigate any representative who sees as his objective a Mental Health Review Tribunal (MHRT) decision which best promotes the health and safety of the patient. The MIND belief is that the representative has 'won' if the Tribunal decides in favour of the patient's discharge.

On the one hand, then, the authors contend that the patient is competent to decide what is in his best interests, but on the other they would not put this forward as a reason why the majority of detained patients do not ask for a legal representative at a Tribunal, or as a reason for not asking for a Tribunal hearing. Perhaps not a few of those who do not exercise their right to have Tribunals recognize that it is in their interests to remain in hospital. This book is based on assumptions such as that there is an 'unmet need' for legal representation at MHRTs of 20,000 patients a year. The authors fail to point out (it does not suit their case) that 90 per cent of these patients are on short-term detention orders and most remain as informal patients on the expiry of the order. However, this is said to be 'a national scandal', the reason so many do not ask for legal representation is because of their 'vulnerability, the effects of institutionalization, mental disorder and the frequent use of tranquillizers'. While elements of truth in some of these assertions must be recognized, equally no evidence can be produced to sub-

stantiate this to be so in most cases. Again it is claimed that 'lawyers, health professionals and the public have shown little concern for the rights of detained patients'; those so incriminated might well retort that they *are* concerned but do not agree with MIND that patients' rights are necessarily improved by the kind of legal representation MIND proposes. Such gratuitous and unsubstantiated comments are all too frequent in this work and serve only to alienate the reader who might well have started his reading in a more receptive frame of mind.

The singularly emotional foreword refers to medical decisions to detain patients as based on 'facile paternalistic assumptions' and continues with 'the citizen's right to self-determination'. But patients' relatives also have rights, as has the general public to be protected from interference by the patient and the danger inherent in his being at liberty. Patients too have the right to be protected from the consequences of their mental disorder.

So far as paternalism is concerned, the spirit of our current mental health legislation is contained in the Report of the Percy Commission of 1954-1957; 'when an illness or disability affects the patient's power of judgement and appreciation of his own condition, there is a specially strong argument for saying that his own interests demand that the decision whether or not to accept medical care or treatment should not be left entirely to his own distorted or defective judgement'.

The authors find it 'remarkable that Parliament and the legal profession have traditionally disregarded the claim of psychiatric patients for their services and protection' in that 'the decision to compulsorily admit a patient is taken without legal review or monitoring of any kind'. They ignore a basic premise of the Mental Health Act—that those suffering from mental disorders should be treated as far as possible in the same way as those suffering from physical illnesses and the decision to detain a patient should be a medical rather than a legal matter. This was the wish of Parliament enshrined in the Act and neither the Government nor any section of Parliament have proposed a change from this fundamental principle.

The book ignores Scotland completely, where applications for compulsory admission are approved by the Sheriff, who retains a right to discharge patients on appeal. There is, of course, continual monitoring of the patient's need for detention by the Responsible Medical Officer, who has a duty in law to discharge the patient if he no longer requires detention, and the managers of hospitals similarly have rights of discharge.

The case for legal representation is based on comments which could certainly mislead those unfamiliar with psychiatric hospitals. Thus 'their need of legal services . . . covers problems involving family relationships and business affairs'. Yet patients are looked after by doctors, nurses and social workers who have been trained to carry out their job of caring for and helping the patient with his problems.

Detained patients are as free to make use of legal services as anyone else and are protected by the Mental Health Act in unfettered communication with their solicitors.

In my view the case has not been made for the kind of adversarial representation proposed. Mental Health Review Tribunals exist in England and Wales to safeguard the patient against unwarranted detention, and no evidence has been produced that they are failing to perform their task. Under the Tribunal rules the medical member is required to report on the patient, and is entitled to interview the patient in private and to see his medical records. MIND refers to a psychiatrist who provides an extra report for the representative as an 'independent' psychiatrist: medical members will resent the implication that they are not independent. Indeed MIND recommends that an 'independent' psychiatric assessment should be sought in most instances, but those who agree to provide such a report should note MIND's view that 'where the report provides little support for the patient's case for discharge or transfer, the representative may consider it more appropriate to withhold such a report'. Well, well!

The RMO may be more amenable to investigating transfer following a positive report by an independent psychiatrist'. Certainly, if the 'independent' psychiatrist offers to take the patient, but how many such psychiatrists put their money where their mouth is? Social workers are said to show 'bias' in their reports on what suitable facilities there might be for the patient on discharge and there is a warning that the RMO 'may prepare a statement which argues the case against discharge'. So everyone is under suspicion.

The last part of the book deals with the Government's 'Review of the Mental Health Act' and 'Review of MHRT Procedures', on both of which the College has commented in detail. MIND's views are given a further airing, but no reference is made to the many points on which the College is in full agreement. The need for extra resources is mentioned, but, yes, for money for lawyers. For psychiatrists, the proposals in the White Paper if implemented will result in a doubling of the number of Tribunals a patient can have, together with 'automatic' Tribunals for patients who haven't chosen to have them. MIND would like the RMO to be present throughout each Tribunal, which for consultants in Special Hospitals would mean in effect the equivalent of two full days each and every week. Is this acceptable? Are patients' rights so severely restricted at present that they would prefer their consultants to spend that time being challenged by lawyers rather than in treatment?

This book can only be recommended to psychiatrists on the principle of 'know thine enemy'. The current black joke circulating among forensic psychiatrists is the need for an alternative edition to brief lawyers on 'Representing the Psychiatrist'.

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