Correspondence

Mental Health Review Tribunals

Sir: It has recently been brought to my attention that the number of suitably qualified psychiatrists available to Mental Health Review Tribunals is very limited. This seems puzzling at first because it is work that can be undertaken up until the age of 70 years, and I would have expected, therefore, quite a number of retired psychiatrists to be interested in a few years of this kind of activity. I have been told the difficulty in recruiting suitable psychiatrists is the age rule imposed by the Lord Chancellor's Department. This says that no one shall be appointed to MHRT work after the age of 62 years. This will not be a problem for psychiatrists who retire at 60 or before, but for those who go on to 65 years, it is obviously a problem as most of them will not think about such work until it is too late.

I have written to the Executive Committee of the Forensic Section to canvass their support in trying to get this changed. I have written to the Department of Health, and I will be writing to the Lord Chancellor's Department in the same vein.

In the meantime, however, it strikes me that it would be sensible for doctors who would like to undertake MHRT work to get themselves appointed to a tribunal before the age of 62. I am assured that if the doctor concerned was pre-retirement and busy with other clinical work, then no particular demands would be made until time was more freely available to him or her.

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Trial by tribunal

Sir: Although a consultant psychiatrist since 1989, only recently have I started work as a responsible medical officer in terms of the Mental Health Act of 1983 and had my first experience of 'trial by tribunal', i.e. a Mental Health Review Tribunal (MHRT). Having read of others' experiences I faced the day with trepidation because the circumstances were not ideal for a learning experience. A 48-hour notice section 2 appeal had been lodged by a female psychiatric nurse with a long-standing paranoid illness, who had worked in the hospital in which she was detained, and who had assaulted two police officers and myself during the initial detention process.

Having made arrangements for somebody else to cover my senior house officer's ECT session, so he could do my out-patient clinic and thereby keep the patients, community mental health trust colleagues and GP fund-holders happy that everybody who needed seeing on the last working day but one before Christmas had been seen, I re-read my report and waited and waited and was called about 30 minutes later than advised by the MHRT. Over the next 90 minutes the convoluted circumstances of my patient's situation were explored, discussed and then re-explored, interrupted every ten minutes or so by her having to visit the WC because of a 'nervous bladder' exacerbated by drinking lots of cold water because of medication and stress induced dry mouth. As the tribunal proceeded, the patient became increasingly distressed through hearing her symptoms and circumstances questioned and challenged by her solicitor who seemed oblivious to his client's distress. Much to my relief, the patient accepted the tribunal confirmation of her detention without the violence we anticipated.

However, I am forced to ask three questions. Is the MHRT process actually benefiting or exacerbating the patient's illness and its treatment? Do solicitors acting for the patient get any specific training or briefing in the peculiarities of MHRT procedures? What would the average general hospital consultant make of such a procedure being applied to their patients and themselves?

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Teaching nurses about ECT

Sir: The College is currently making great efforts to try to ensure that consultants involved in ECT are adequately trained and updated. This was much needed and is greatly welcomed. While this process is taking place, I

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