

mentally abnormal offenders in Special Hospitals. These occurrences have led to increased public awareness of civil rights for the mentally ill and may have contributed to the foundation in 1970 of the Hospital Advisory Service, subsequently re-named in 1976, the Health Advisory Service. The latter is a system of monitoring services by multi-disciplinary peer review.

The Irish Psychiatric Association (i.e. those members of the Executive Committee of the Irish Division who work in the Republic of Ireland) considers that the most appropriate method of monitoring psychiatric services in the Republic of Ireland would be by 'multidisciplinary peer review.'

Catchmented area services need information, encouragement and the opportunity for comparison with other services. The personnel providing this kind of stimulus should be representative of the disciplines most cognate with psychiatry, such as nursing, social work, clinical psychology and health administration.

In considering possible administrative structure, it seems that a director and secretariat are basic. The director should be a consultant psychiatrist with experience of Irish psychiatric hospital services. A permanent appointment should probably be avoided.

The appointee could be seconded for a term of, say, three years and facilitated in continuing professional practice on a sessional basis during the term of office. A team of collaborators might be assembled by seeking nominations from cognate professional bodies. The basic field technique might consist of on site visits by a small team to individual health board services. Services within health board areas would be visited before moving on to another area. The guiding principle would be to improve patient care in individual hospitals and area services (excluding matters of individual clinical judgement) and in the psychiatric service as a whole. Visiting teams might consist of a consultant (usually the director), a psychiatric nurse, an administrator and a social worker. Other specialists might be required from time to time. These personnel would be available on secondment for about one week and should, as a rule, come from health board areas some distance from the service being visited.

There would be need for preliminary training for visitors who might go on Health Advisory Services visits in the United Kingdom or on Joint Accreditation Board visits in the USA.

Funding

Funding of field visits might be provided by the health boards being visited.

Accountability

Any monitoring service should be seen to possess a definite spirit of independence if it is to maintain credibility with the caring professionals who operate psychiatric services. Strong research obligations should be present from the outset. Accountability thus would be: (i) to the staff and administration of individual services and health boards by confidential joint reports following on site visits; (ii) to the Department of Health by direct report of the director; (iii) to the cognate caring professions by the reports of professional participants in the monitoring service; and (iv) to the general public by agreed public reports on services and by periodic research reports.

Conclusion

Psychiatric services in the Republic of Ireland need a well thought out scheme of monitoring by peer review which will safeguard standards of care and which will be acceptable to the patients, the public and the caring professions. Irish psychiatrists are well placed to initiate such a service by virtue of their experience in peer review schemes conducted by the Royal College of Psychiatrists since its foundation in 1972. Examples include the College Approval Exercise and the accreditation procedures of the Joint Committee on Higher Psychiatric Training and the Irish Psychiatric Training Committee, and finally 'audit' type surveys such as those of ECT in Great Britain¹ and the Republic of Ireland (Latey and Fahy, in preparation).

REFERENCE

¹PIPPARD, J. & ELLAM, L. (1981) Electroconvulsive treatment in Great Britain: A report to the College. *British Journal of Psychiatry*, 139, 563-8.

Responsibilities of the Consultant Psychiatrist in relation to Sections 2, 3 and 4 of the Mental Health Act

At a recent meeting of Council a Resolution concerning consultant responsibility and the Mental Health Act 1983 was discussed. Concern was expressed that although the College had recommended that approved doctors should have the Membership or its equivalent, difficulties were sometimes encountered in securing the services of doctors approved under Section 12 of the Mental Health Act. The following Resolution was therefore put to the vote and was

carried by a considerable majority:

The Council believes that it should become part of the responsibilities of the consultant psychiatrist in the Health Service to take part in organizing cover for Sections 2, 3 and 4 of the Mental Health Act 1983. This would normally be implemented after consultation with the Health Authorities and Social Services Departments.