required high dose medication and that where it was prescribed the reasons were clearly given and the progress closely monitored.

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References

EDWARDS, S. & KUMAR, V. (1984) A survey of prescribing drugs in a Birmingham Psychiatric Hospital. *British Journal ofPsychiatry*, **145**, 502–507.

FRASER, K. & HEPPLE, J. (1992) Prescribing in a special hospital. *Journal of Forensic Psychiatry*, **3**, 311–320.

WRESSELL, S. E., TYRER, S. P. & BERNEY, T. P. (1990) Reduction in antipsychotic drug dosage in mentally handicapped patients. *British Journal of Psychiatry*, **157**, 101–106.

Treatment in secure accommodation with emergency medication (Children Act, 1989)

DEAR SIRS

A ruling to treat with emergency medications in secure conditions under Section 8 (Specific Issue Orders) of the new Children Act, 1989 was recently requested of the High Court on behalf of three young patients. Concern had arisen that use of emergency psychotropic medication for minors was not covered by this Act although parental permission had been obtained and the patients were each detained under Section 25 of the Act on a Secure Accommodation Order.

In the event, the Bench directed that they were 'Gillick incompetent' and did not need to attend Court. Also, doctors had a "duty to treat in accordance with their best clinical judgement" without impediments and that the consent of one parent was sufficient to provide a suitable "flak jacket" allowing appropriate treatments, including emergencies. A Specific Issue Order was unnecessary as the Act was seen to be clear in its intent to provide treatment. Reference was made to test cases of *Re R* and the appeal case of *Re J*, where it was ruled that the Court would not order a doctor to treat a minor contrary to clinical judgement "subject to obtaining any necessary consent" (All England Law Reports, 1992).

This recent ruling, therefore, should provide support to the treatment of disturbed young people in secure settings, when appropriate. Health professionals who avoid using the Mental Health Act for young people, may now feel able to utilise the Children Act, given informed consent by a responsible parent.

As there is little reference to the Mental Health Act or to doctors' "clinical judgement" in this extensive body of law, these might be subjects which could be incorporated in any future revisions, I would suggest.

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Reference

ALL ENGLAND LAW REPORTS, Re J (a Minor), 20 November 1992.

A community treatment order

DEAR SIRS

The Secretary of State for Health's proposals on the care of the mentally ill in the community (*The Guardian*, 4 January 1993) include a suggestion for a community treatment order, a subject that can be traced back to the Mental Health Act 1959. The concept of guardianship, which under the Act gave the guardian wide powers of control, has not been widely taken up because it is unenforceable. Such will be the case with a community treatment order for the same reason.

This hospital is currently evaluating its implementation of the Care Programme Approach (CPA) and it is quickly becoming evident that compulsory treatment in the community is not only difficult to enforce but unacceptable to the patient and to the clinical team. Professor Sims is correct in rejecting the vision of administering injections to patients "on the kitchen table".

This, of course, does not mean that our vulnerable patients should not be closely monitored after discharge from the hospital. The CPA notion of a keyworker system is essentially a good one and often acceptable to the patient. A good relationship between keyworker and patient will ensure that community supervision will not be intrusive to the patient but will, at the same time, ensure adequate support. However, if resources continue to trickle down slowly to these vulnerable patients, whatever legislation is introduced will be yet another attempt at window dressing.

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Appeal from Croatia

DEAR COLLEAGUES

We write to ask for your help. After a year and a half of war in Croatia our hospital is in a difficult situation, with a huge lack of medical supplies.

Our hospital is one of the biggest hospitals in Croatia for adult psychiatry and geriatrics. There are

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