



the columns

correspondence

Workload implications of the new Mental Health Act

The Department of Health, with the assistance of other organisations including the Royal College of Psychiatrists, is considering the workload implications of the proposed new Mental Health Act. The paper by Whyte and Meux (2003) is therefore both interesting and timely. I am, however, concerned at their statements in relation to general adult psychiatry.

They state that compulsory powers are used less frequently in general adult psychiatric services than forensic services. I would be interested to know if they have figures to support this assertion. There are approximately 15 times as many civil detentions as court detentions each year in England and Wales (Department of Health, 2001), 17 times as many if the private sector is excluded. There are approximately 9 times as many general adult psychiatrists as forensic psychiatrists (Advisory Committee on Distinction Awards Annual Report, 2002). Old age psychiatrists also use the Mental Health Act 1983 (although I suspect not as frequently as general adult colleagues). Addition of their numbers gives a ratio of 11:1. Adult psychiatrists will care for patients detained under forensic sections and vice versa, nonetheless these figures suggest that general adult psychiatrists use compulsory powers more frequently than forensic psychiatrists.

It is likely that the number of people subject to compulsion under the proposals in the Draft Mental Health Bill (Department of Health, 2002) will be markedly increased over the current number detained. This is because all patients who are currently detained will be detained under new legislation, as will those who currently meet the criteria for detention, but whom it is decided should not be detained (there will be no discretion not to make an order if the criteria are met). There will also be a new cohort of patients who do not currently meet the criteria for detention, but who will do so under the proposals in the Bill. There will be no limit to the number who may be subject to compulsion given the absence of a need for a bed to be available.

Furthermore, the number of inappropriate assessments is likely to increase considerably as 'anyone' can require an assessment to be made.

All patients will have a Tribunal (we do not know how many will also appeal) and the number of 'consultations' with nominated persons and carers that will need to be undertaken is not quantified.

Given the limited community work undertaken by forensic psychiatrists, combined with the fixed number of forensic beds, it is likely that the increase in numbers subject to compulsion will become the workload of general adult psychiatrists.

ADVISORY COMMITTEE ON DISTINCTION AWARDS ANNUAL REPORT (2002).

DEPARTMENT OF HEALTH (2001) *In-patients Formerly Detained in Hospitals Under the Mental Health Act 1983 and other legislation*. London: The Stationery Office.

— (2002) *Draft Mental Health Bill*. London: The Stationery Office.

WHYTE, S. & MEUX, C. (2003) Workload implications of the proposed new mental health act. *Psychiatric Bulletin*, **27**, 57–80.

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Authors' reply

The reference in our article to compulsory powers being used 'less frequently' is not meant to imply that fewer patients are detained under the Mental Health Act 1983 in general adult psychiatric services than in forensic psychiatric services; rather, it is a reference to the fact that 100% of forensic psychiatric patients in secure environments are detained under the Act, whereas a lower proportion of general adult patients are. We have no doubt that the workload of general adult psychiatrists will increase under the proposed new Act, but have not commented on this as the data presented in our paper apply directly only to forensic psychiatric services. We support Dr Zigmond's contentions about the effect of

the proposed Act on general psychiatric services, and we look forward to seeing the published correspondence.

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Assessment by doctors and nurses of deliberate self-harm

Sian Weston (*Psychiatric Bulletin*, February 2003, **27**, 57–60) points out the differences between doctors and nurses assessing deliberate self-harm. From my experience looking at the Liaison Psychiatry service in Chester and Wirral, I can certainly confirm her findings that doctors are much more likely to refer to other doctors for follow-up. This was confirmed in a recent audit that we did locally. I feel that this finding is more accurate than the previous limited research discussed.

The reasons for this might be that inexperienced Senior House Officers want to be safe and therefore feel that an additional psychiatric opinion can aid in this process. It is also possible, however, that publication bias played a part in the previous articles, because the main aim of most of these papers was to prove that nurses' assessments are as good as doctors' assessments, a finding with obvious resource implications. In light of Sian Weston's findings, it certainly remains unclear whether we can be sure at this point that the consequences of being seen by a nurse or by a doctor are actually the same for the patients with regards to follow-up arrangements.

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Remembering Russell Barton

Re: Russell Barton – Obituary by Henry Rollin, *Psychiatric Bulletin* January 2003, **27**, 35.

Russell Barton came briefly into my life, but with massive impact, in the mid-1960s. He was one of several prominent

and inspiring speakers that Dr Stafford Clark introduced for the attention of medical students at Guy's Hospital. Russell's message and his style was so intriguingly different from the contrived out-patient and limited in-patient experience available at Guy's at the time that I was drawn to follow him to Severalls for a clinical attachment. I was able to spend time at Severalls during the period when it was still in the process of transformation from a locked environment with railings, separating males and females.

There was a pioneering heroic spirit with major conflicts between the two greatest men – Russell Barton and Richard Fox – but conducted, as far as I could see it, with good humour and mutual respect. They were having a huge impact on thinking and discussion among ordinary people across the populations

of Essex and neighbouring counties, and the demystification and destigmatisation of serious mental illness made huge steps over a short time thanks to their enterprise.

It was wonderful to meet both patients and staff who had experienced the life of the old asylum system, and most particularly enjoyable to go out with Russell through the lanes and bigger roads of the county, to outposts and clinics in neighbouring towns. He was a great enthusiast for his MG and acknowledged every other MG that we passed. It felt like being part of a celebrity world – caring, unstuffy and determined to provide good quality, honest services to many disadvantaged individuals and families.

Russell had encouraged Tony Whitehead to establish one of the first truly community-based services for older people with mental health problems,

particularly dementia. Tony, who sadly also died very recently, had moved on to Manchester by the time I joined Russell, but his legacy of day hospitals and outreach activities was there. The stories of rescuing older people who were not quite coping because of their dementia in isolated small-holdings in Cambridgeshire and other far off places, were quite wonderful. A converted old ambulance was used to take out not only staff, but also basic equipment such as coal for the fire, loaves of bread, eggs, milk and other simple foods.

Russell Barton was a hero. A huge amount of good has followed from his initiatives; very little of it knowing the source of its inspiration.

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the college

Nominees elected to the Fellowship and Membership under Bye-Law III (2 (ii)) Categories (a) (b) and (c)

At the meeting of the Court of Electors held on 25 February 2003, the following nominees were approved:

Fellowship – UK

- 1 Adams, Dr Robert David
- 2 Bailey, Dr Anthony James
- 3 Baker, Dr Ronald Stewart
- 4 Banerjee, Dr Rina
- 5 Bendall, Dr Patricia
- 6 Brown, Dr Keith Wilson
- 7 Browne, Dr Frederick William Arthur
- 8 Byrne, Dr Patrick John
- 9 Cawthron, Dr Paul Anthony
- 10 Chaloner, Dr Jill Margaret
- 11 Chithiramohan, Prof. Ramalingam
- 12 Clark, Dr Stella Anne
- 13 Cole, Dr Andrew James
- 14 Crisp, Dr Jennifer Anne
- 15 Davies, Dr Sandra Ruth
- 16 Deo, Dr Ripudaman Singh
- 17 Fernando, Dr Harsha Gamini
- 18 Foreman, Dr David Martin
- 19 Foster, Dr Thomas John
- 20 Garvey, Dr Timothy Patrick Noel
- 21 Grant, Dr William Neil McNab
- 22 Gururaj-Prasad, Dr Kasi Brahmanya
- 23 Hall, Dr Alyson
- 24 Hamilton, Dr David Stewart
- 25 Hand, Dr Marie Therese
- 26 Hendry, Dr James Duncan
- 27 Holman, Dr Christopher John

- 28 Kamala Chandrasekhar, Dr Turuvekere
- 29 Kaplan, Dr Selwyn Anthony
- 30 Keitch, Dr Ian Allan Philip
- 31 Kent, Dr Andrew John
- 32 Konar, Dr Sugata Ranjan
- 33 Larkin, Dr Emmet Phelim
- 34 Lomax, Dr Steven Roger
- 35 Luyombya, Dr Godfrey Andrew Matovu
- 36 Martin, Dr John Christopher
- 37 Mathew, Prof. Vallakalil Matthew
- 38 Matthews, Dr Helen Pinkerton
- 39 McManus, Group Capt Francis
- 40 Metcalfe, Dr Michael William
- 41 Miller, Dr Susan Mary
- 44 Misra, Dr Prem Chandra
- 43 Morriss, Prof. Richard Keith
- 44 Morton, Dr Michael John Stuart
- 45 Muir, Dr Walter John
- 46 Murray, Dr Christine
- 47 Oswald, Dr Alexander George
- 48 Owen, Dr John Hughes
- 49 Parmar, Dr Ranjana
- 50 Pelosi, Dr Anthony Joseph
- 51 Perini, Dr Anthony Francis
- 52 Ramamurthy, Dr Vathsala
- 53 Rice, Dr Peter Martin
- 54 Robertson, Dr Pauline Elizabeth
- 55 Scott, Dr Allan Ian Fraser
- 56 Scott, Dr Stephen Basil Cuthbert
- 57 Shanahan, Dr William John
- 58 Shaw, Dr Michael John Dennistoun
- 59 Simonoff, Prof. Emily Ann
- 60 Simpson, Dr Neill John
- 61 Slatford, Dr Kenneth
- 62 Stone, Dr John Huw
- 63 Thomas, Dr Anna Kathryn
- 64 Travers, Dr William John Elton
- 65 Veale, Dr David Mikael William De C.
- 66 Warner, Dr Nicholas James
- 67 Watkins, Dr Sarah Elizabeth
- 68 Weeramanthri, Dr Tara Bernice
- 69 Whalley, Dr Mary Jane

- 70 Whitehouse, Dr Andrew Michael
- 71 Wood, Dr Eric Robert Miller
- 72 Wylie, Dr Kevan Richard
- 73 Zwi, Dr Morris

Fellowship – OS

- 1 Al-Azzawi, Dr Reyad Abdrazzak
- 2 Chong, Prof. Mian Yoon
- 3 Hoschl, Prof. Cyril
- 4 Kumar, Dr Vinod
- 5 Lemlij, Dr Moises
- 6 Ohaeri, Prof. Jude Uzoma
- 7 Olugbile, Dr Olufemi Bamidele
- 8 Ungvari, Dr Gabor Sandor
- 9 Velamoor, Dr Varadaraj Rajagopal
- 10 Wilkinson, Dr Simon Roger

Membership under Bye-Law II 2 (ii) (A)

- 1 Al-Saffar, Prof. Najat
- 2 Chaudhry, Prof. Haroon Rashid
- 3 Chowdhury, Dr Arabinda Narayan
- 4 El Azim, Prof. Said Abd
- 5 El Fiky, Prof. Mohamed Refaat
- 6 Freeman, Prof. Arthur Merrimon
- 7 Khandelwal, Dr S K
- 8 Rana, Dr Mowadat Hussain
- 9 Ustun, Dr Tefvik Bedirhaan

Membership under Bye-Law III (2 (ii) (B))/(C)

- 1 Al-Asady, Dr Mazin Hyder Saleem
- 2 Azarbaidjani-Do, Dr Mardjan
- 3 Berhe, Dr Tzeggai
- 4 Bernat, Dr Claudia
- 5 Brooks, Dr Kathleen
- 6 Claassen, Dr Dirk
- 7 Davidsson, Dr Lars
- 8 Feeney, Dr Eileen