

# Correspondence

## *The 'nominated Deputy' in terms of the Mental Health Act 1983*

DEAR SIRS

The recommendations advanced by the Mental Health Act Commission in respect of the 'nominated Deputy' of the responsible medical officer empowered to effect action under Section 5(2) of the Mental Health Act 1983 are obviously causing some problems.

Whereas the Mental Health Act Commission's advice (probably to be incorporated in their Code of Good Practice at a later date) is that the nominated deputy should be a consultant or senior registrar, it is abundantly clear that due to a variety of reasons, many psychiatric institutions are finding it impossible to follow this advice.

Your readers may be interested to know that I have recently contacted 25 mental hospitals and although I have not yet received a response from all of them, so far there is not a single institution where this advice has been found practicable to follow.

It seems that the 'nominated Deputy' empowered to effect action under Section 5(2) is the duty doctor on site, as was the case under Section 30 of the old Act; though in the vast majority of instances, arrangements have been made for the duty doctor always to consult with the responsible medical officer or other senior on call before implementing this Section, and in other instances the duty doctor empowered to act under this Section is always a senior house officer or registrar who has at least six months experience in psychiatry.

Several of my colleagues who responded to my letter pointed out the obvious fact that most junior doctors on duty in psychiatric institutions have far more psychiatric experience than general practitioners or police constables who are, of course, empowered under other Sections of the Act to detain patients. One colleague brought to my attention the strangely paradoxical situation of a Registrar approved under Section 12 of the Act being unable (if the advice of the Mental Health Act Commission is to be followed precisely) to effect action under Section 5.

Several colleagues who responded to my letter suggested that the Royal College of Psychiatrists should make representation to the Mental Health Act Commission in this regard.

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DEAR SIRS

The Council of the College recommended that doctors approved under Section 12 of the new Mental Health Act should have the Membership or its equivalent. At the same

time they believe that NHS consultants should 'take part in organizing cover for Sections 2, 3 and 4' of the Act (*Bulletin*, June 1984, 8, 107). This might be all right for teaching hospitals and the like, but it is quite unrealistic for peripheral and rural mental hospitals where the staff includes very few such highly qualified psychiatrists. There is an obvious need to approve other doctors, such as GPs who are vocationally trained in psychiatry, under Section 12.

The peripheral or rural consultant is already very hard pressed and has enough to do in running a satisfactory hospital service, without undertaking sole responsibility for Section 12 cover. There is no objection, of course, to making such cover a voluntary commitment (as is generally the case at present). Contracts cannot be altered to impose additional duties onto consultants, however.

These problems should have been anticipated by the College during their negotiations with the legislators who drew up this Act. Unrealistic recommendations from Council merely alienate the College from its members. The rural consultant's back may be broad, but given a little extra load and it may be broken!

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## *The medical effects of nuclear war*

DEAR SIRS

Professor Sir Martin Roth's review of this salutary report (*Bulletin*, April 1984, 8, 71) itself makes good reading. 'Are we to remain mute and inactive in the face of the apathy, indifference and escape . . .?' 'Is there nothing relevant or useful to be said or done about the denial, dissociation, emotional anaesthesia and the hostile projection of responsibility on to others . . .?' Well, what is to be done about this 'problem that towers above all others'? We are not at war now against Russia or even against Libya, nor is (or should be) the United States at war against San Salvador or Nicaragua. But we are, or certainly we ought to be, at war against those elements in international politics which are calculated to bring war about.

Lord Mountbatten is reported to have stated that it is the profits made from the manufacture of nuclear weapons which are the principal drive behind their multiplication. Dr Jeffrey Segall has said that the objective (historical) reason for the enormously overarmed conditions of the USA and USSR is to protect the maldistribution of world income whereby 83 per cent of it is enjoyed by 30 per cent of the population. Acquisitiveness—in plain English, greed—seems to be our chief stumbling block.