

### *Mental Health Review Tribunals*

DEAR SIRs

Dr Heaton-Ward's comments (*Bulletin*, August 1988) deserve wide support. A Tribunal is a very serious matter for a patient and his relatives. Whilst it should be informal, it should never be casual. Again, Tribunal offices are understaffed and over-stretched and Section 2 hearings often occur half way through the period of detention, which is not ideal.

It would be interesting to hear the views of colleagues about the problems of Section 2.

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DEAR SIRs

In the West Midland Region, as in the South West (Heaton-Ward, *Bulletin*, August 1988), not a few psychiatrist RMOs do show an offhand approach to personal coverage of Tribunal hearings – often leaving quite inexperienced junior doctors to cope with us, or arriving late themselves: on occasion, conduct manifests itself which would possibly be appropriate in the Mess, but cuts little ice in a forum where all are committed legally to seek and foster a rational and just decision, in the patient's interest. Casual attitudes make such outcomes more difficult, for sure. *Perhaps*, they may also make them less likely?

In the West Midlands, I believe, Tribunal discharges run at something of the order of 25–30%, which is rather different from the order of 15% which one has heard described from other Regions. Are there any adequate studies and data available to

enable some understanding of such differences – if, indeed, they are real?

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### *Guardianship orders*

DEAR SIRs

The guardianship provisions of the 1983 Mental Health Act have proved difficult to apply. Doctors have suspected Social Services Departments of shirking their responsibilities and Social Services have suspected doctors of wanting to use guardianship to 'dump' psychiatrically ill patients – especially old people – onto Social Services.

In Leeds, Social Services, in consultation with the medical profession, have addressed this issue by developing a procedure and guidelines for the implementation of guardianship.

Briefly, the key conclusions of the guidelines are: firstly, that guardianship can be used positively (e.g. to help people stay in the community where appropriate), that guardianship is sometimes the 'least restrictive alternative', and that all requests for guardianship should be properly assessed. To this end, a small guardianship panel has been set up to provide immediate advice to the Director of Social Services on individual cases. Copies of the guidelines may be obtained from: D. C. James, Director of Social Services, Sweet Street, Leeds LS11.

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