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

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