

Reports prepared for Mental Health Review Tribunals and Managers' Reviews

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Little advice is offered in the literature for the novice report writer, despite the gravity of the situation, for example, a patient appealing against detention. Section 20, which renews the authority for detention after periods of 6 months or a year, is a useful reminder for clinicians, as it outlines the components that must be present in order for detention to continue.

This audit established guidelines for the completion of reports for Mental Health Review Tribunals and Managers' Reviews. A structure and list of 'features to be included' was compiled. This was used to rate the standard of reports prepared in the Wameford Hospital between 1991-1993. Following peer consultation within the hospital, the guidelines were considered acceptable and useful. At re-audit after 8 months the standard of reports had improved in most respects.

There are two ways a patient can appeal against detention under Section 2 or 3 of the Mental Health Act (1983). They can appeal to a Mental Health Act Review Tribunal or a Managers' Review. The managers have important statutory powers, responsibilities and duties concerning detained patients, and are specifically defined in the 1983 Mental Health Act (section 145; Department of Health & Welsh Office, 1993). They have the power to discharge certain categories of detained patients from a Section of the Mental Health Act.

In both cases the Responsible Medical Officer (RMO) or nominated deputy, who acts in the absence of the RMO (another senior doctor in the team), is expected to compile a report about their patient.

The report is important for a number of reasons:

- (a) It formulates the RMO's opinion that the patient still satisfies criteria for detention under the Mental Health Act (1983). The role of Managers' and Mental Health Review Tribunals is to ensure that the criteria for detention are still in place. In our audit all patients were suffering from mental illness, as opposed to psychopathic

disorder, mental impairment or severe mental impairment. This meant that the criteria for continued detention under the Mental Health Act were: the patient was suffering from a mental illness of a nature or degree that made it appropriate to receive medical treatment in hospital, in the interests of the patient's own health or safety, or with a view to the protection of others.

- (b) It seems fairer to patients and their advocates to know in advance the reasons for the RMO's opinion.
- (c) It would shorten the duration of the tribunal or Managers' Review if the issues were clearly addressed in the report.
- (d) The report will become part of the medical records.

The authors' impressions were that reports were poorly prepared and an appropriate subject for audit.

The study

To develop a 'gold standard' to assess the quality of reports written in the hospital, we used available literature (Bluglass, 1979; Brockman, 1993; Langley, 1990; Woolf, 1991) and also received advice from a number of sources. These included Professor Bluglass and Professor Gunn, a commissioner from the Mental Health Act Commission and a lawyer with experience of representing patients at tribunals. A meeting was arranged to discuss the audit within the hospital and to develop a list of criteria which should ideally be contained in all medical reports supplied to tribunals and Managers' Reviews.

A total of 44 reports from the three-year period 1991-1993 were written, 24 to tribunals and 20 to Managers' Reviews. Permission was obtained from all medical staff to rate the quality of their reports and confidentiality was assured.

Reports were compared with the 'gold standard', scoring the presence or absence of each

Table 1. Results of audit of standards of reports

| | 1991-1993 n (%) | 1994 n (%) | |
|---|--------------------|---------------|----------|
| <i>Form</i> | | | |
| Use of headings (4 minimum) | 33 (75) | 9 (82) | |
| Absence of medical jargon | 41 (93) | 10 (91) | |
| Sources of information listed | 23 (52) | 7 (64) | |
| <i>Content</i> | | | |
| Diagnosis | 35 (80) | 11 (100) | |
| Formulation of case | 41 (93) | 11 (100) | |
| Medication | 31 (70) | 11 (100) | P=0.0017 |
| Discussion of other treatments | 21 (48) | 4 (36) | |
| Response to treatment/progress | 41 (93) | 11 (100) | |
| Mental state on admission | 43 (98) | 11 (100) | |
| Mental state now | 39 (89) | 10 (91) | |
| Future management/aftercare | 37 (84) | 10 (91) | |
| Prognosis | 20 (45) | 8 (73) | |
| Statement, should not be discharged | 38 (86) | 11 (100) | |
| Reasons for conclusion above, including statement that patient still satisfies criteria for detention | 41 (93) | 9 (82) | |

feature. The results of this phase of the audit were presented to an audit meeting of the hospital in February 1994 where they were discussed. A number of doctors requested individual feedback on their performance at this stage. Minor modifications to the standards were made and a set of guidelines was circulated to all medical staff. In addition, the medical records department issued a copy of the guidelines whenever a doctor was asked to prepare a report over the duration of the audit. Eight months later the audit cycle was completed and 11 reports were examined.

Findings

Contrary to our expectations the standard of reports prepared was high in the first stage of the audit. At least 80% contained: a formulation, a diagnosis, a discussion of future treatment plans, a clear description of the mental state, and a statement that the patient should not be discharged at present.

However, only 50% listed the sources of information used, discussed the prognosis, or gave information about treatment given by other professionals. In the case of tribunals, social workers produce a report in their own right, which could provide information from other professionals.

When the audit cycle was closed the standard of reports had improved in almost all respects (see Table 1).

Comment

In general the standard of reports compiled during the time of the audit improved in most respects. There was one notable exception, however. Colleagues were reluctant to document treatment provided by other disciplines, preferring multidisciplinary colleagues to present the information themselves to the tribunal or Managers' Review, either personally or in report form. In discussions following the audit, the reason appeared to be a fear of litigation. Many patients had legal representation and medical colleagues were reluctant to represent views of other disciplines in case they did so in error which could lead to litigation in future.

With one small addition (a section about previous forensic history) the audit has given rise to a set of guidelines which now assist in the compilation of medical reports in the Warneford Hospital. The authors hope that, indirectly, the high standard of report writing may be improving the clinical care of our patients.

This audit won the 1995 Lundbeck Audit Prize in the Chiltern and Thames Valley section of the Royal College Of Psychiatrists.

Acknowledgements

The authors would like to thank medical staff at the Warneford Hospital who participated in the audit and also Professor Gunn, Professor Bluglass and Ann Beech, Medical Records Officer at the Warneford Hospital.

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