

of how well the patient presents at the Tribunal. Clearly, psychiatric patients can be mentally ill, and potentially disturbed and violent, but conduct themselves normally at a hearing.

When a Tribunal has reached an apparently wrong decision, this prompts the question of whether all the facts have been put before it. Sometimes there are inconsistencies between reports from the consultant, nurse and social worker. Often reports are undated. It is disconcerting for Tribunal members if they are faced with staff standing in for the professionals directly responsible for the care of the patient, and who are answering to reports compiled by others. Junior members of staff might feel intimidated and not do their case justice.

A form of standard questionnaire to cover points especially relevant to the Tribunal's decision-making might be a useful adjunct to complement psychiatric, nursing and social reports. Perhaps, when a Tribunal does decide to discharge, the responsible medical officer could be called back to discuss the implications of discharging the patient. It would be helpful if consultants could inform their Tribunal office of any cases where a Tribunal's decision has gone wrong.

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### *Involvement in patient care by managerial staff*

DEAR SIRs

NHS non-clinical management staff are often considered remote from day to day problems of patient care dealt with by the clinical multi-disciplinary team. The following case provides an example of direct involvement in patient care by the Mental Health Service Manager at a South Wales hospital.

A shy and anxious 20-year-old woman had been attending a psychiatric day hospital for two years. Referred by her GP for sub-clinical anorexia nervosa, she also had great difficulty in social relationships. She was a highly talented artist and had been runner-up in a nationwide competition for book illustrations. During her stay she gradually built up good relationships with staff and her psychiatric problems improved. Her enthusiasm and skill in painting and sculpting were encouraged and she expressed an interest in going to the local art college. After meeting with a tutor there, she was advised to apply, put together a portfolio of her work, and attend for interview. She became extremely anxious at the prospect of an interview and the staff felt she needed interview training.

The Mental Health Service Manager was approached for advice and offered to perform mock interviews with the patient. Three were held over one month, lasting 30–45 minutes, during which a dramatic improvement was noted in her presentation, confidence, and response to questioning. She successfully completed the real interview and was offered a place at the Art College.

This seems to be the first example where a member of NHS managerial staff has been directly involved in patient care. We would be interested to know whether there are other examples.

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### *Definition of nearest relative, Section 3, Mental Health Act*

DEAR SIRs

When a patient is to be admitted under Section 3 of the Mental Health Act, on the application of an Approved Social Worker, the nearest relative is required to give consent. If that relative objects to the application being made then the Section 3 cannot proceed.

I report a recent occurrence where the definition of the nearest relative was misunderstood.

The occurrence concerned a patient in the manic phase of a long standing unstable bipolar disorder. The responsible consultant decided, on a Bank Holiday Sunday, to proceed with compulsory ECT. Two medical recommendations were provided for admission under Section 3. The Approved Social Worker was informed that the patient had no living relative in the United Kingdom but had nominated a friend to act as the nearest relative. This friend refused to agree to the Section 3 and the Approved Social Worker decided that he could not proceed with an application.

The Act defines who should be regarded as a relative and in the absence of such a person makes provision for the appointment by the County Court of a person to exercise the functions of the nearest relative. If it is not possible for the Approved Social Worker to ascertain who is the patient's nearest relative within the meaning of the Act or if he believes that the patient has no nearest relative then he can make an application under Section 3 without consultation taking place. An application to the County