that emerge inevitably from the principle of working together. Nevertheless, it is crucial that the committee starts its work with a thorough basis of the legal and professional frameworks within which each profession can work together with others.

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When Approved Social Workers refuse to make applications for admission

DEAR SIRS

I feel I must reply to the letter by O. I. Azuonye in the *Bulletin*, July 1987, 'When Approved Social Workers refuse to make applications for admission'.

To be frank, this letter shocked and disappointed me and in my opinion it was at best misguided and ill-informed, and at worst ill-tempered and inflammatory. I fully realise that the Editors seek to stimulate discussion and include sometimes controversial and unusual letters but the inclusion of such a biased, unfair, and opinionated piece was mildly surprising to say the least. Perhaps one of the most serious and worrying aspects of the letter is that it purports to be the viewpoint of "most doctors" and "all those doctors who are regularly involved in the compulsory admission and treatment of patients". As I am "regularly involved" myself I am frankly insulted to have these viewpoints attributed to me and I feel it only fair to Dr Azuonye to set the record straight and correct certain misconceptions that he appears to hold. Moreover, I have shown Dr Azuonye's letter to an Approved Social Worker member of our team and I am most concerned that this type of diatribe will only serve to worsen relations between psychiatrists and our professional colleagues in social work.

I propose to challenge most of what is contained in Dr Azuonye's letter, piece by piece, on several grounds:

(a) Firstly, Dr Azuonye states that Approved Social Workers "have no training in the diagnosis and treatment of mental disorders". Where does he get this assumption from? It is utterly wrong. The only reason I can think of for this type of mistake is that Dr Azuonye is particularly unfortunate to work in an area with very poorly trained social workers indeed. This may be so but I hope he has checked his facts locally. The reason I am particularly annoyed about this type of inaccuracy is that I have taken a special interest in helping to train Social Workers at various grades here in Cardiff and South Wales and I have personal knowledge of the quality and intensity of training in mental health Social Workers receive, even from a very early stage in their careers. I have personally provided input to Social Worker training at undergraduate level, CQSW level (Certificate of Qualification in Social Work), and on courses to instruct qualified Social Workers to the level of "Approved Social Workers". A lot of time and effort goes into ensuring that Social Workers have exposure to, and training in, mental health issues in general and that they also have some formal instruction in psychiatry itself. The fact that they are not qualified doctors does not prevent them understanding many of the central issues related to mental health in the 1980s and in my opinion many of them are more enquiring, open-minded, mature and balanced than some members of our own profession. To suggest otherwise is mere professional snobbery.

(b) Secondly, I do not understand the relevance or appropriateness of Dr Azuonye's references to the Draft Code of Practice[1]. We all know what heated discussions and disagreements this has caused among psychiatrists, and how unsatisfactory a document many psychiatrists consider it to be. It is quite wrong of Dr Azuonye to use it to attempt to make any point here. It seems to me that the Draft Code of Practice is developing similarities to the Bible: it is long, it is open to a number of different interpretations and it can be used to prove or disprove any argument one cares to put. It really is becoming a hoary chestnut dragged out in some cases to make extremely reactionary points. A certain paranoid feeling of "us against them" has unfortunately developed in some psychiatric circles.

(c) Thirdly, Dr Azuonye is insulting and unfair to Approved Social Workers, who are said to "walk away, without any responsibility", "bear(s) no responsibility", and have "no further duty". The vast majority of Approved Social Workers I have met are thoughtful, conscientious, reflective, and careful. They often spend a great deal of time with the patient concerned (normally very much more time than the GP, and sometimes more time than the psychiatrist). They do not make decisions lightly and go through a great deal of soul-searching and deliberation in making their decisions, particularly where these conflict with the doctor's. They may ask for a second opinion from another Approved Social Worker in cases of real doubt, which is more than

can be said for some consultant psychiatrists. They are not trained doctors or psychiatrists but if Dr Azuonye is trying to suggest that the possession of an MB or MRCPsych imparts the ability to make the correct decision in every case then this is frankly beyond belief.

(d) Fourthly, Dr Azuonye seems to be confusing and mixing-up two quite different issues: compulsory admission and medical "responsibility" of the consultant psychiatrist.

(i) Compulsory admission and treatment for mental disorders is *not* only a medical problem, and never has been. When somebody is so seriously mentally ill that the significant step of taking some of his/her normal legal rights away is being considered, in many respects the precise "diagnosis" or "psychiatric opinion" is overshadowed by the risk to other members of society, or to the patient him/herself. Therefore "medical authority" should not be an issue at all and should be relegated to the zone of "wounded pride". When someone is floridly insane and at possible risk it usually does not require a consultant psychiatrist to pronounce this, although, quite correctly, this is a necessity under Law. What is important is that the real interests of the patient, and the rest of society, are closely and carefully considered before Mental Health Act[2] forms are signed. Therefore it would appear to be important that psychiatrists do not become bombastic, offended, upset or petulant when their decisions are queried as their input is only a part of the compulsory admission or treatment process. Approved Social Workers have received particular forms of training which psychiatrists have never had; their input and perspective should therefore be seen as complementary, and significant in its own right.

(ii) A consultant is certainly responsible for the patient's welfare, and is answerable if things go wrong. This cannot be used as a weapon to force an Approved Social Worker to sign an application form; this is blackmail. If a consultant disagrees with an Approved Social Worker who refuses to sign an application form, he/she must continue to do all he/she can to act in what he/she considers to be his/her patient't best interests. This may include approaching another Approved Social Worker, or the patient's relatives. It may even involve (perish the thought) the psychiatrist re-evaluating the case and the need for compulsion, or asking for the opinion of another consultant psychiatrist. To throw up one's hands, point at the Approved Social Worker, and say "OK, it's your fault if he kills himself", and then walk off is not in my opinion acceptable medical practice.

(e) Finally, I would like to put forward an alternative view which Dr Azuonye and any psychiatrists who support his beliefs may wish to consider:

The approved Social Worker (ASW) should be seen as a valuable and trusted colleague who in fact can assist with the decision-making process whenever a Mental Health Order is being considered. Psychiatrists should be relieved and sleep easier in their beds because the burden of this often initially unpleasant duty is not solely theirs. The crucial mistake which many psychiatrists make is coming to a particular decision before even consulting an ASW, and then assuming that the ASW will go along with this decision. If the ASW does not then sign the form, attitudes become entrenched and tempers are lost. Surely if psychiatrists involved an ASW at an earlier stage of decision-making, such situations would become much rarer.

Lastly, the ASW is a professional colleague and should be treated as such. To suggest otherwise is patronising and insulting. It should be borne in mind that it is a lot easier for an ASW to simply sign a form than to challenge the opinion of an often very powerful and influential consultant. Many ASWs, I am sure, dread this situation and feel acutely anxious and threatened when it arises. It would be as well for all psychiatrists to remember this the next time they are faced with such a situation.

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DEAR SIRS

Dr Azuonye's letter (*Bulletin*, July 1987) states facts of considerable importance: refusal of the Approved Social Worker to make the application for admission, regardless of two medical recommendations; and so in deciding, to walk away, without any responsibility for the consequences. It is definitely my experience that it has been more the rule than the exception that the recommendation has been implemented at a later date.

This unsatisfactory situation unfortunately extends to applications for treatment. A patient was initially refused electroplexy following consultation with other professionals. As he deteriorated, treatment was administered with successful recovery. Why the delay? For whose benefit?... Certainly not the patient, and who would be responsible in case of complications?

Approved Social Workers' duties in terms of the Mental Health Act should be limited to those related to social aspects of care only.

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