Correspondence

Getting rid of 'Section' jargon

DEAR SIRS

We have new Mental Health Acts. Their provisions need to be discussed and communicated. Reports we write need to be intelligible to colleagues in other countries (especially other countries within the UK) and in other times (e.g. after the introduction of yet another new Act). It has been clear for many years that the use of numerical shorthand (i.e. referring to Section 25, 60, etc) is useful only to those closely involved with the legislation during the life time of that legislation; to others and in other times it is confusing and opaque. Would it not be wise for us to all resolve to use intelligible verbal shorthand instead? The Act itself usefully provides subheadings in its margins on which such shorthand could be based. In this way we could develop the following jargon:

Section 2—assessment order; Section 3—treatment order; Section 4—emergency assessment order; Section 5—in-patient detention order; Section 7—guardianship order; Section 13—social worker application; Section 35—remand for reports; Section 36—remand for treatment; Section 37—hospital (or court guardianship) order; Section 78—interim hospital order; Section 41—restriction order; Section 47—convicted prisoner transfer; Section 48—unconvicted prisoner transfer; Section 49—prisoners restriction order; Section 57—treatment *and* second opinion certificate; Section 58—treatment *or* second opinion certificate; Section 136—police order.

This list embraces some of the important powers in the Act that tend to get referred to by number. The principle can be applied to any section. Most of the labels are three words or less and could become readily comprehensible if they came into common use. To state that 'in 1974 the patient was admitted under Section 26 of the Mental Health Act 1959 and is now detained under Section 37 of the new Mental Health Act' may be technically true, but is an undesirable form of mumbo-jumbo that is a barrier to clear communication. The sentence could read, 'in 1974 the patient was detained under a Mental Health Act civil treatment order, but is now under a hospital order'; or, 'the patient has twice been subject to compulsory detention under mental health legislation, in 1974 he was detained by his psychiatrist, in 1983 he was sent to hospital by a court'. The first sentence requires detailed familiarity with two Acts and tells the uninitiated nothing, the second is fully intelligible to the initiated and partially intelligible to most interested people; the third sentence would make some sense to a wide audience although it might not be exact enough for a medical report.

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Interpreting the Mental Health Act

DEAR SIRS

Dr Maragakis (*Bulletin*, January 1984, **8**, 9) proposes that junior medical staff should be delegated under Section 5(3) of the Mental Health Act 1983 to detain patients already in hospital voluntarily.

The compulsory detention of a patient admitted voluntarily to hospital is a serious decision which should be taken by the most experienced person available. The most experienced people in a psychiatric unit are the senior medical staff and senior nurses. Delegation of this responsibility to senior house officers might arguably conform to the letter of the new Act, but would appear to run contrary to its spirit. Restricting signatories of Section 5(2) to consultants and other appropriate senior doctors does not require that two consultants be on call: it is surely a poor unit which cannot find a consultant within the six hours that a senior nurse is permitted to detain a patient. This will result in consultants being called at inconvenient times such as during the night or at weekends, but surely we should accept this when the question of the personal liberty of one of our patients is under discussion. There is little doubt that the proper operation of such a system would reduce the number of the patients detained, since the extra skills of the consultant should ensure that some patients, who would otherwise have been detained, will be regarded as fit to leave the hospital, and that others will be persuaded to stay voluntarily.

The fact that psychiatrically inexperienced GPs and policemen have some statutory powers under the Act is not an argument in favour of extending this power to inexperienced junior hospital doctors, but would more rationally lead to the suggestion that these powers be removed from psychiatrically inexperienced GPs and the police.

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The Approval Exercise—constipated chaos?

DEAR SIRS

I have noticed with dismay an increasing trend within the College which can only be termed obsessional behaviour. Unfortunately this habit seems to have filtered through to the convenors and even higher levels, as Approval visitors seem to be slavishly sticking to their sheets of College rules for accreditation. Most important, there is no proven correlation between the College rules for accreditation and a good working unit.

At a recent meeting of clinical tutors at my hospital, following an Approval visit by the College team, my medical and surgical colleagues were incredulous at the trivial and