

### Involuntary out-patient commitment and supervised discharge

Swanson *et al*'s (2000) paper comes at an opportune moment in the on-going debate about Community Treatment Orders (Harbour *et al*, 2000; Protheroe & Carroll, 2000; Turner *et al*, 2000). Although not described in detail in their recent article, involuntary out-patient commitment (IOC) (Swartz *et al*, 1999) has much in common with after-care under supervision or supervised discharge in England and Wales. In particular, medication cannot be enforced, patients can be escorted by law officers to the clinic, and sanctions for non-compliance seem non-existent in the absence of grounds for re-detention. In spite of this, and given the acknowledged limitations of the randomised controlled trial reported, there seem to be benefits in reductions in violence and in re-hospitalisation. The message is, however, more complex than simply subjecting patients to IOC; those that benefit are subject to IOC for longer periods (over 6 months) and have frequent contacts with psychiatric services ( $\geq 3$  per month). Violence seems to be reduced in part by adherence to medication and decreased

substance misuse. For readmission IOC was most effective in non-affective psychoses.

Our own experience following the introduction of supervised discharge in 1996 (Davies *et al*, 1999, 2000) is of an increase in community survival after being subject to supervised discharge and longer survival to readmission. After 18–36 months of follow-up, 15 of 22 patients had not been readmitted to hospital, whereas only one patient survived for an equivalent period before supervised discharge.

The finding that effective IOC must be supported by frequent service contact may, in retrospect, provide evidence for the ambiguous assertion in the Mental Health (Patients in the Community) Act 1995, that supervised discharge “will help secure that he receives the after-care services so provided”. Mr Boateng, then Health Minister, stated at the initiation of the Review of the Mental Health Act 1983 that “non-compliance with agreed treatment programmes is not an option”. The advent of Community Treatment Orders in the UK seems inevitable; what evidence exists suggests that they will be effective for some patients with psychosis but only in conjunction with frequent contacts with effective community services.

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## One hundred years ago

### Egypt (from our own correspondent) *Lunatic asylums*

Dr. J. Warnock's annual report has just been issued from the one hospital for the insane which Egypt has considered sufficient for her needs since the thirteenth century when the first was established. But increasing civilisation means that fewer and fewer lunatics and idiots are kept by their friends or families, and therefore the hospital becomes more and more crowded. Perhaps the benevolence of the present day is waning, or is it that there is less wealth, or perhaps as we English would fain believe, the intelligent native now understands that under our control he may send his relative, whom he still calls “struck by the wrath of God”, to the asylum which

only 15 years ago was justly called an abomination of the human race. The number of resident patients has risen from 300 to 500, not from any increase in lunatics, but from the necessary accumulation of uncured chronic patients. And yet during the year 1899 no fewer than 274 men and women had to be discharged still insane to make room for more urgent cases. This is an obvious danger to the public which the English advisers of the Egyptian Government ought to face without delay. England provides exactly 50 times as much asylum accommodation as Egypt per head of population. Another great disadvantage of the present asylum is that it is the only resort for criminal lunatics. During last year 23 men and four women were admitted charged with crimes, including

six murderers. The analysis of the insane shows hasheesh as the cause of 22 per cent., pellagra as the cause of 5 per cent., and alcohol as the cause of 3 per cent., while the number of general paralytics has advanced to 6 per cent. The large towns furnished nearly all the last class and most of them are known to have had syphilis. The total admissions for the year were 598, including 17 nationalities besides Egyptians. Only one Englishman was admitted.

### REFERENCE

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