supplementary reports containing confidential and potentially controversial information for tribunals in the future.

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Cannabis psychosis

DEAR SIRS

Dr Cembrowicz (*Psychiatric Bulletin*, May 1991, **15**, 303) states that psychiatrists responding to his questionnaire, as in Dr Littlewood's study (Littlewood, 1988) "felt that major tranquillisers were the best treatment" for cannabis psychosis. Cannabis and alcohol have been the commonest causes of major psychosis in young adults admitted to my ward for some time (Cohen & Johnson, 1988) and the psychosis with cannabis may either be of a manic type (Rottanburg *et al*, 1982) or it may be schizophreniform; organic features can often be detected in the mental state if the examiner looks beyond the obvious psychotic features. In all cases the disorder subsides very rapidly when the cannabis is stopped but you have to make absolutely certain that its use is not continuing clandestinely. If cannabis continues to be used then major tranquillisers are not effective and if it ceases they are not necessary. The 'best treatment', indeed the *only* treatment, is to stop the cannabis; the use of other drugs except temporarily for the control of very disturbed behaviour is both illogical and inappropriate.

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ROTTANBURG, D. *et al* (1982) Cannabis-associated psychosis with hypomanic features. *Lancet*, *ii*, 1364–1366.

Section 5(2) Audit

DEAR SIRS

Drs Joyce, Morris and Palia wrote detailing results of a Section 5(2) Audit at the Glanrhyd Hospital, Glamorgan (*Psychiatric Bulletin*, April 1991, **15**, 224–225, letter). I felt it would be worthwhile to submit the findings of a similar procedure undergone at Hollymoor Hospital, Birmingham.

This hospital provides in-patient psychiatric care for a catchment population of approximately 250,000. I studied all Section 5(2) applications over the 15 months to 31 December 1990. Our policy is that Section 5(2)s should be signed by the patient's Responsible Medical Officer. If he or she is not in the hospital, the junior doctor on call is designated as the nominated deputy. He or she may complete Section 5(2) after discussion of the case with the RMO or other acting consultant. The total number of admissions in 1990 was 850. Thus, extrapolating for the 15 month period, there were just over 1,000 admissions. During this time, 34 Section 5(2)s were applied. Data were collected on 33 of the cases and notes were not available for the 34th.

There were 16 males and 17 females. Eight patients were married, 19 single, four widowed and two were separated or divorced. One patient was aged under 17, 16 were 18–35, 12, 36–64, and four were over 65. For eight patients this was their first admission to hospital; in 25 cases there had been one or more previous admissions; in 11 cases the application of Section 5 was within one day of admission. In a further eight cases, the application was within five days of admission, in four cases, 5–14 days, and in ten cases more than 14 days.

The time of application was between 0900 and 1700 hours in 18 cases, although four of these were at weekends; in 12 cases, the application was between 1700 hours and midnight; in three cases between midnight and 0900 hours. The Section was applied by a member of the home team, consultant or junior, in 20 cases, and by the hospital duty doctor in 13 cases. Discussion with, or involvement of, the RMO occurred in 18 cases, and with the duty consultant in a further eight cases. In seven cases the application appeared not to have been discussed with any consultant.

There was an immediate change in observation level in 11 patients but not in 22. During the period of Section 5(2) the patient was assessed by a member of medical staff in 32 cases but not in one case. The assessment for further detention involved the junior doctor in six cases (these junior doctors were in some instances Section 12 Approved), the senior registrar or associate specialist in four cases, and the patient's consultant in 26 cases. In some instances there was a combination of staff involved as judged by scrutiny of the notes.

After the Section 5(2), 21 patients were detained under another Section of the Mental Health Act, 12 were not. The time to discharge was less than one day in no cases, 1–7 days in one case (who took his own discharge), 7–28 days in 12 cases and over 28 days in 20 cases. The final diagnoses recorded in the case notes were schizophrenia on 10 occasions, affective disorder on 18 occasions, personality disorder once and other diagnoses, mainly organic conditions, on four occasions.

It was worrying that a number of patients were detained within a day of admission, particularly so as