

the urgent treatment threshold, what level of security is needed (leading to repeated assessments by different parts of the same service) as well as arguments about who is the responsible service (in a mobile population, often with uncertainty about their address or general practitioner). Thus, we are often caring for an unwell, incapacitous patient declining medication for weeks and sometimes months while processes and protocols grind on despite the best efforts of our experienced team.

In our service, most people who present with symptoms suggesting a psychotic illness can be admitted to the healthcare assessment centre where they can access a structured multidisciplinary team group programme, 24-hour nursing care and regular assessment by an experienced psychiatrist. There is also contact with family/supportive adults. It is unusual for there to be diagnostic uncertainty following such an assessment, although it does happen occasionally if the patient is on a restricted regime due to their level of aggressive or uncooperative behaviour.

We would agree that the ideal would be to practise in a system where transfer of mentally ill prisoners to hospital happened speedily. However, we propose that thinking about

prisoners/patients and their best interests in the framework of the Mental Capacity Act may offer a way to rationalise treatment of mental healthcare in prison. We do not 'advocate' the use of depot medication; rather suggest that a best interests/significant harm approach using the Mental Capacity Act could provide adequate legal safeguards for both patients and staff and may be helpful in addressing some of the very real clinical dilemmas that we face as psychiatrists working within prison.

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Correction

Attitudes of medical students in Ireland towards psychiatry: comparison of students from 1994 and 2010. *The Psychiatrist* 2012; 36: 349–56. The second author's name is K. O'Loughlin. The online version of this paper has been corrected post-publication, in deviation from print, and in accordance with this correction.

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