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Who should act as the second medical recommendation for Sections 2 and 3 of the Mental Health Act?

E. K. UNG, Psychiatrist, Adam Road Hospital, 19 Adam Road, Singapore 1128

Since 1959, the responsibility to detain a patient in hospital compulsorily has been given to doctors, social workers and hospital managers. The 1983 Mental Health Act stipulates that medical recommendations are made by two medical practitioners (one an "approved" doctor) for compulsory admission for assessment (Section 2) and compulsory admission for treatment (Section 3). When this was debated in Parliament, the importance of the independence of the two doctors making medical recommendations was stressed. This was to avoid collusion, influence or interference with clinical judgement (Bluglass, 1983).

The psychiatrist instigating the medical recommendation can be unsure whether to ask a GP or another "approved" colleague to make the second medical recommendation. Preference and practice among psychiatrists differ widely although the Code of Practice (DHSS, 1990) recommends that "other than in exceptional circumstances, the second medical recommendation should be provided by a doctor with previous acquaintances of the patient. This should be the case even when the "approved" doctor (who is, for example, a hospital based consultant) already knows the patient."

This study examines practices among psychiatrists, social workers and general practitioners working in or referring to a city mental hospital with respect to the second medical recommendation.

The study

All GPs referring to a city mental hospital were sent questionnaires enquiring about:

(a) their knowledge of Sections 2 and 3
(b) their knowledge of Code of Practice recommendations regarding the second medical recommendation
(c) their post-qualification psychiatric experience
(d) when they last provided a second recommendation
(e) their confidence in their psychiatric assessment
(f) how much they were influenced by the recommending psychiatrist's assessment
(g) how confident they were to disagree with the recommending psychiatrist and the reasons for fearing to disagree
(h) how often they disagreed
(i) what they would do if they disagreed
(j) whether providing a second medical recommendation subsequently affected their relationship with their patient
(k) who they felt was best placed to provide the second medical recommendation for patients in the community and in hospital.

All consultants (10), senior registrars (10) and approved social workers (10) on the hospital duty rota were also sent modified questionnaires. To improve the response rate, questionnaires were sent again to GPs who did not respond initially. All Section 2 and 3s from 1 January 1992 to 30 June 1992 were examined to ascertain actual clinical practice. Yate's correction for continuity was applied to all the χ^2 analyses.

Findings

The response rate for GPs, consultants and senior registrars, and approved social workers were 80% (79 out of 99), 95% (19 out of 20) and 80% (8 out of 10) respectively. Sixty GPs responded initially (61%) and a further 19 responded to subsequent questionnaires (19%). Of the 79 GPs who responded, 71 returned fully or partially filled questionnaires, four had moved, two had retired, one returned the form unfilled and one worked exclusively in hospice care and was not able to answer the questions.

Fifty-seven per cent said they were familiar with Sections 2 and 3 of the Act and most of these were also familiar with the Code of Practice recommendations. Thirty-nine per cent had postgraduate psychiatric training, although this was not significantly associated with familiarity with Sections 2 and 3 or the Code of Practice recommendations. Of those without postgraduate psychiatric training, 63% were not very or not at all confident to disagree compared with 44% for those with such training. Although not statistically significant, this suggests a trend for increased confidence with postgraduate psychiatric experience. Those who were not very confident or not at all confident to disagree felt they lacked the experience to question the assessment of a specialist (80%) or feared endangering working relations (11%).

The majority of GPs agreed that they should be approached for second recommendations for

TABLE I
Results of questionnaire survey (results in percentages)

			GP	*PSYCH*		*ASW*
1.	Confidence in assessment	Very	10	83		
		Quite	79	17		
		Not Very	11	0		
		Not at all	0	0		
2.	How much influenced by specialist	Very	41	11		
		Quite	44	61		
		Not Very	13	17		
		Not at all	1	11		
3.	Confidence to disagree	Very	7	29		
		Quite	40	65		
		Not Very	46	6		
		Not at all	6	0		
4.	Reluctant to disagree because of:					
	(a) insufficient experience		80			
	(b) fear of damaging working relationship		11			
	(c) both a and b		3			
	(d) other		6			
5.	"Independence" of opinion as rated by psychiatrists			C	SR	
		Very	11	32	16	
		Quite	53	68	74	
		Not very	32	11	11	
		Not at all	5	0	0	
6.	"Independence" of opinion as rated by social workers	Very	14	0	0	
		Quite	29	43	33	
		Not very	43	43	67	
		Not at all	14	14	0	
7.	"Who best to provide the second recommendation for patients in the community?"	GP	75	89	(95)	100
		AS	16	5	(0)	0
		GP/AS	4	5	(5)	0
		Other	4	0	(0)	0
8.	"Who best to provide the second recommendation for patients in hospital?"	GP	33	47	(53)	43
		AS	55	47	(21)	29
		GP/AS	10	5	(26)	29
		Other	1	0	(0)	0
9.	Is GP providing second opinion "acquainted" with the patient?		Yes		No	
	(a) For Section 2 ($n=33$)		64		36	
	(b) For Section 3 ($n=26$)		92		8	

GP, general practitioner; PSYCH, psychiatrist; C, consultant; SR, senior registrar; ASW, approved social worker; AS, approved specialist.
( ) in Q. 7 and 8 represents psychiatrist's current practice.
More detailed results are available on request.

patients in the community, but this trend was reversed for in-patients requiring detention. This difference was strongly significant ($P=<0.001$). Only 13% felt that being involved as a second medical recommendation never affected their relationship with the patient; 3% felt this happened quite often, with most (84%) citing only occasional or rare instances where the relationship with the patient

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was affected. (The actual nature of this effect was, however, not elaborated by the respondents).

Compared with GPs, consultants and senior registrars were more likely to be confident in their assessment and to disagree with the initiating psychiatrist. This was reflected in a much lower incidence of "never" disagreeing with the initiating psychiatrist (despite almost equivalent rates of being very/quite influenced by the initiating psychiatrist's assessment, i.e. 72% v. 85% in the GP sample).

As in the GP sample, there was a significant difference in whether a patient was compulsorily admitted in the community or in hospital ($P = < 0.025$ for "ideal practice", $P = < 0.05$ for current practice). In three cases (16%), the psychiatrist's current practice of requesting a GP for the second recommendation for patients in hospital differed from their "ideal" practice of asking an "approved" colleague. With respect to "independence" of opinion, consultants and senior registrars rated their fellow consultants most favourably, with senior registrars occupying an intermediate position and GPs faring least well. All the ASWs responding were familiar with the Mental Health Act and Code of Practice recommendations. All had been involved in Sections within the last six months. Unlike the previous two groups sampled, the difference between hospital and community patients did not reach statistical significance ($P < 0.25$).

Examination of Sections 2 and 3 (other than renewals of Section 3) for the period of 1 January 1992 to 30 June 1992 revealed 33 Section 2s and 26 Section 3s. Approved specialists tended to provide recommendations for patients already in hospital and GPs for those in the community ($P = < 0.001$). Of the GPs providing second recommendations, 9 out of 34 (26%) had no previous acquaintance with the patient (36% for Section 2, 8% for Section 3). There were slightly more sections applied in the community (33 out of 59, 56%) than in hospital (26 out of 59, 44%), with Section 2s being predominantly applied in the community and Section 3s in hospital ($\chi^2 = 20.4$ $P < 0.001$).

Comment

On the basis of these findings, one of the central tenets of the second medical recommendation – that it should be "independent" is inadequately fulfilled. About half of GPs stated they were not confident to disagree with the psychiatrist's assessment. About a third of consultants and SRs rated the assessments from the GP as not independent. Surprisingly, over half the ASWs rated consultant's assessments as not independent. Medical practitioners and social workers appear to rate "independence" of an opinion differently.

GPs rating their confidence in assessment and to disagree as low were significantly more likely to prefer an "approved specialist" to provide the second recommendation. Some GPs felt that providing a second medical recommendation affected their relationship with the patient. It may be more prudent in such cases to use an "approved" specialist to enable the GPs to preserve their relationship with the patient.

Community and hospital based patients were viewed differently, and this held true for all three groups surveyed. Most felt that GPs should provide the second medical recommendation for patients in the community. For patients in hospital, opinions ranged from being almost equally divided (ASWs, consultants and SRs) to the majority favouring an "approved" specialist to provide the second medical recommendation (GPs). The reasons for this are not entirely clear, although it may reflect the prevailing philosophy which sees the hospital as the specialist's domain and the community as the GP's.

In just over a quarter of cases, the Code of Practice recommendation that "the second medical recommendation be provided by a doctor with previous acquaintances of the patient" was not fulfilled.

Greater flexibility to enable approved specialists to act as second medical recommendations (for Section 2 especially where the patient is already in hospital, if the patient's GP is not confident of his or her ability to assess or be "independent" or feel that acting as a second recommendation would seriously endanger his or her relationship with the patient) may improve the situation. The results suggests a trend in increased confidence for GPs with postgraduate psychiatric experience affirming the value of such experience in GP schemes. One further controversial step is the "privileging" of GPs to act as second medical recommendations.

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