development that can be monitored and facilitates team learning and performance enhancement in multi-disciplinary setting (Young, 1996). What is needed is a system that evaluates medical performance rather than doctors' attendance of 'points-generating meetings', which perhaps have more value to those who organise them and to those who collect signatures.

CAMERON, W. P. (1963) *Informed Sociology: A Casual Introduction to Sociological Thinking*. New York: Random House.

YOUNG, Y., BRIGLEY, S., LITTLEJOHNS, P., *et al* (1996) Continuing education for public health medicine: is it just another paper exercise? *Journal of Public Health Medicine*, **18**, 357–563.

EMAD SALIB, *Consultant Psychiatrist, Warrington Community Health Care NHS Trust, Winwick Hospital, Winwick, Warrington, WA2 8RR*

Transforming mental health legislation

There is an international precedent to the revolutionary change to mental health legislation proposed by Zigmond (*Psychiatric Bulletin*, November 1998, **22**, 657–658). In 1974 in Jamaica there was an Amendment to the 1930 Mental Hospital Act, which has achieved the predicted effect on the medical incapacity act proposed by Zigmond.

The 1974 Amendment provided the foundation for the establishment of community psychiatry in Jamaica (Hickling, 1993, 1994). The Amendment allowed mental health officers to become the agents of therapeutic intervention, replacing the police as the designated officer for the apprehension and removal of the acutely ill patient to a place of treatment. The law Amendment also allowed any medical facility to replace the asylum as the sole place of assessment and treatment of the mentally ill.

This legislative amendment has allowed mentally ill people to be admitted to medical wards in general hospitals and treated under the legislation governing the physically ill. There has been no need for the development of expensive and unwieldy systems of mental health tribunals for the protection of the civil liberties of patients. The 1974 Amendment has encouraged a benevolent and syncretic relationship to develop between mentally ill people, their families, the mental treatment services, the police and the legal system.

In the years since the introduction of the 1974 Amendment, a remarkable system of community mental health care has developed around the island. Admissions to the Mental Hospital have fallen by 80%, and there has also been a reduction on the total number of psychiatric hospital admissions island-wide of nearly 50% (Hickling, 1991, 1994). By 1993 merely 5% of the total psychiatric admissions were by compulsory detention under the statutes of the 1930 Mental Hospital Law.

The openness and the flexibility of the 1974 Amendment has allowed the families of patients to take the legal responsibility for the admission of their mentally ill relative with incapacity in the same way that they would if their relative with incapacity had suffered from a non-psychiatric illness requiring their admission to hospital, but which prevented the patient from personally giving their permission for admission. There have been no negative medico-legal sequelae to these practices in the 25 years of operation of the legislative amendment.

HICKLING, F. W. (1991) Psychiatric hospital admission rates in Jamaica: 1971 and 1988. *British Journal of Psychiatry*, **159**, 817–821.

— (1993) Psychiatry in Jamaica: growth and development. *International Review of Psychiatry*, **5**, 193–205.

— (1994) Community psychiatry and deinstitutionalization in Jamaica. *Hospital and Community Psychiatry*, **45**, 1122–1126.

FREDERICK W. HICKLING, *Consultant Psychiatrist, North Birmingham Mental Health Trust, 71 Fentham Road, Erdington, Birmingham B23*

New drugs and the NHS

Sir: May I applaud the paper by David Taylor (*Psychiatric Bulletin*, November 1998, **22**, 709–710) lamenting the conventional disgruntlement which seems to characterise our approach to new pharmacological remedies. This may reflect a general preference for social/psychotherapeutic strategies, or more sinisterly a willingness to devalue the needs of our patients. Many psychiatrists seem quite content to paralyse the non-verbal communication of people with schizophrenia to save a paltry £1000 per annum (by prescribing a conventional dopamine blocker). Similarly, we seem willing to regard Alzheimer's disease as untreatable, our patients not meriting six further months of good function. Our colleagues treating HIV infection have no qualms in spending £10 000 a year to treat their patients. Neurologists will have to decide whether to spend £10 000 per annum on beta interferon to reduce the relapse rate of multiple sclerosis (Goodkin, 1998). Paediatricians spend £5000 a year on growth hormone to restore growth, gastroenterologists spend £500 a year to prevent gastric bleeding in patients who need NSAIDs, all worthy objectives. However psychiatrists are prepared to accept that a patient with

https://doi.org/10.1192/pb.23.2.115 Published online by Cambridge University Press