Correspondence

Supervision registers

Sir: I would like to express my concern with regard to the use of supervision registers in the light of a recent experience of trying to place one of my patients on the register.

At one of our recent multidisciplinary reviews of a day patient within the rehabilitation service we discussed this man's vulnerabilities and particularly whether he should be included on a supervision register. This patient is shortly to be discharged to a different day care facility within another health authority. In the past he has deteriorated and relapsed at time of change and during these times he is more likely to be both verbally and physically aggressive to others. He has, on one occasion, made a serious attack on a fellow resident. In view of this we agreed to include him on the supervision register during the time of change. This decision would be reviewed once he was settled within his new placement.

This patient attends the day services and lives in supported accommodation run by a voluntary sector organisation. When we informed this organisation of the intent to place the patient on the supervision register we were told that if he were on the register his placement would be in jeopardy and he would be given notice to quit.

Clearly in this situation placing this individual on a supervision register was actually increasing his risk of relapse as he was being made homeless by virtue of being on the register. I find this situation very worrying and while locally I am endeavouring to resolve the situation, I am concerned that this may be an issue that other people are grappling with nationally. If this is the case then I do feel we need to address this within the College and in particular in discussions with the Department of Health.

J. D. QUINN, *Northumberland Mental Health NHS Trust, St George's Hospital, Morpeth, Northumberland NE61 2NU*

Sir: It is important to detail the updated position on the implementation of supervision registers locally, the agreement on which was the subject of an article by McCarthy *et al* (*Psychiatric Bulletin*, April 1995, **19**, 195–199).

Following the agreement of local guidance between the Health Commission and our three local provider Trusts, discussions took place with the Department of Health and NHS Executive. They were concerned to ensure that such guidance was within the spirit of HSG(94)5 and did not undermine national policy. We assure them that we sought a practical local approach and demonstrated that the tiered approach to the care programme approach and supervision registers met the requirements of national guidance. In the 1995/96 contracts we have made explicit that nothing in this local guidance is intended to restrict the clinial freedom of any local psychiatrist to add a patient to the register should they consider it necessary albeit that they do not meet the locally agreed criteria.

In the light of these assurances, the Department of Health and the Executive were able to agree that our local approach was, indeed, practical in an area of extremely high psychiatric morbidity. It is the view of the Health Commission that such a collaborative approach between purchasers and providers is the best way to ensure effective implementation and the development of best practice.

TONY GOSS, *Contract Manager, Mental Health & Substance Misuse, Lambeth Southwark & Lewisham Health Commission, 1 Lower Marsh, London SE1 7NT*

Supervised After-care Bill

Sir: The Supervised After-care Bill which was published on 15 February 1995 is a disappointing Bill. It is designed to introduce a new "framework for the supervision of mentally disordered patients in England and Wales aged 16 years or over" (HMSO, 1995). It empowers responsible medical officials to require a patient to reside at a specified place or to attend for medical treatment, occupation,

education or training, and it includes the power to convey. But crucially, it fails to give the power to require patients to receive treatment against their will as part of their supervised discharge.

The administrative changes which the government has introduced such as the supervision register and the new Bill are intended to respond to the fact of increasing numbers of psychiatric patients who now live in the community but who may pose a risk to themselves or others if they were to default from supervised care which by definition includes the receipt of psychotropic medication. The question is whether these administrative changes are appropriate in the circumstances or indeed, whether they can be deemed to be ethically justifiable.

It seems perverse that patients can be legally required to attend for occupation, education or training, yet cannot be required to accept what is clearly the single most important factor in sustaining their wellbeing, namely medication. If particular individuals are at such a risk to themselves or others that their names can be put on a supervision register, and furthermore can be obliged by law to observe certain requirements, thus depriving them of their autonomy, it seems illogical to grant such powers for relatively trivial matters such as occupation, education and training but to deny powers of this kind for important matters such as medical treatment.

This new Bill underlines society's reluctance to acknowledge properly the need for a fundmental change in how it legislates for the treatment of psychiatric patients in the light of the new disposition of psychiatric services. We believe that a community treatment order, in one form or the other, with the appropriate safeguards, is what is required.

HMSO (1995) *Mental Health (Patients in the Community) Bill.*

FEMI OYEBODE and MOHAN GEORGE, *South Birmingham Mental NHS Trust, The Queen Elizabeth Psychiatric Hospital, Edgbaston, Birmingham B15 2QZ*

Detention under the Mental Health Act

Sir: Detention under the Mental Health Act is a serious business and the impartial system provided by Hospital Managers Meetings and Mental Health Review Tribunals is clearly needed to prevent abuses. It was not, however, without some sympathy that I read Dr Hambridge's letter (*Psychiatric Bulletin*, April 1995, **19**, 258).

A disturbed and dangerous 19-year-old man suffering from schizo-affective psychosis was detained under section 3 of the Mental Health Act 1983 in September 1994. During his detention the patient has had three hearings by hospital managers in September, November and a Renewal Hearing (section 30) in March. On each occasion the detention under the Mental Health Act was upheld. In addition, three Mental Health Review Tribunals have been arranged. The first tribunal met in December 1994 and as adjourned (against my advice) because the patient was deemed by the tribunal too unfit (he was suffering from a minor urinary tract infection). The tribunal was rescheduled for later that month but the patient withdrew his application on the day of the hearing. Eventually the tribunal was held in March 1995 and upheld detention. On each occasion, apart from the costs of the Hearing Panel, clinical work has been cancelled by myself, team social worker and ward manager. Time and money has been expended on solicitors, second opinion doctors, medical records staff and secretarial time.

The hearings have been held in a wholly professional and dignified way but represent a stress for all concerned. If professionals find these meetings stressful what is the effect on our patients? It is sad that a person in a disturbed and insightless state is allowed to subject himself to such a recurrent non-therapeutic experience when parents, the professionals involved and even solicitor acting on his behalf were convinced of the necessity for him to remain detained under the Mental Health Act.

The patient has now applied for another Mental Health Review Tribunal (his seventh hearing); I am pleased however to report that he has improved sufficiently now to be regraded to informal status.

I. J. MCLOUGHLIN, *East Gloucestershire NHS Trust, The Chareton Lane Centre, Cheltenham GL53 9DZ*

Patients taping staff

Sir: The article by Matthew Stephenson regarding patients taping staff (*Psychiatric Bulletin*, 1995, **19**, 252–253) raises valid points about the potential for appropriate use