The Mental Health Act Commission: medical members

M. T. Malcolm

The paper by Curran & Bingley (*Psychiatric Bulletin*, 1994, 18, 328–332) is most clear and helpful. While much is written in our *Bulletin* about the *operation* of the Act, little is written about the Commission itself. The Commission visits most of us far more frequently than does the College and makes much wider and more critical comments on our services. The account given, quite properly, gives little discussion to the role of the medical member. Many psychiatrists are or have been members of the Commission – currently 16 out of a total membership of 90. One year after completing a four year stint some very personal and subjective views may be of interest to colleagues about to be proposed, or propositioned, for membership of the Commission.

"Commissioners tend to offer their services two days a week". This is true for the joint hospital/social service department visits, but conferences and other addititional work e.g. committees, complaints, etc., could make it three days. Routine work still remains to greet one on return from these visits. Shortly before a visit, a Commissioner receives the paperwork, for evening perusal! One can receive a great number of typed sheets of paper in an envelope with a £5 stamp on it. Any subsequent lack of criticism of reports, policies, etc., could be taken as endorsement.

"Working within a specified geographical area". It is helpful if this area is within the Commissioner's area of residence. One-seventh of England and Wales still remains a large area when travelling to and fro on motorways during the rush hour. Travelling is, in fact, the greatest burden. The 'welcome' (after a night's reading and a motorway jam) by the local team may vary from cautious to unenthusiastic. Colleagues do see one in a different light when one is on an 'inspection' visit.

The writing of reports after a visit is a very intensive way of spending several evenings. It is not easy to find a form of words which encapsulates all the Commissioners' views, which gives an honest account of what one saw in one or two days, which is relevant to the hundreds of pages read, which has fair criticism (positive and negative) of different parts of the services and their interactions, which can be read by staff, management and purchasers alike and which is related to previous reports.

"The Commission has no statutory right to give formal legal advice to professions". True, but clinicians often ask valid and difficult questions on operating the Act and medical members are asked to give an opinion. It is just an opinion, it certainly brings one's knowledge of the Code up to date, but one is left wishing to read the answer rather than provide it!

If there is any financial reward, for those psychiatrists currently employed in the NHS, it is less obvious than that obtained by second opinion appointed doctors or members of Tribunals. Perhaps the consultant employing authority will pay him or her a single additional session – for four or more sessions of work! The authority can reclaim, for its own account, payment from the Commission for all the sessions worked, but probably at a rate lower than it pays the consultant.

These negative images are overcome by positive aspects. While one may be familiar with multidisciplinary working, the Commissioners with whom one works are a most enthusiastic and stimulating group of people. Working with them is most rewarding. The office staff are exceptionally friendly and efficient. The experience of visiting other areas and other services is of very considerable value in judging one's own (and others') services. However, it is often exasperating to see considerable efforts being made by many people to develop local policies, local documentation, etc., with little knowledge of work being done on exactly the same problem in adjacent localities. Wheels are

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being invented and re-invented in many workshops. Meetings of Mental Health Act administrators from different hospitals and units are being encouraged, as a way of exchanging, not selling, information. One can both learn and, occasionally, offer advice. It is more useful to describe successful ways of working seen in other areas, than simply to issue critical reports. Revisiting allows understanding of developing situations and gives an opportunity to watch services responding to changing demands both local and national. For the medical Commissioner, this is a particularly valuable form of continuing professional development. It goes without saying that it is a very practical way of learning about the Mental Health Act and the Code of Practice.

There is also the chance of doctor to doctor discussion between a medical Commissioner and local doctors, e.g. in terms of modifying clinical practices to adhere more closely to the Code of Practice. When this has been undertaken it seems of great value. It has to be said that personalities and relationships under such settings are particularly important and can range from positive through neutral to negative. Fellow Commissioners may view such meetings with suspicion, as being too intimate! Medical Commissioners may visit alone, to lead discussions on particular aspects of Mental Health Act working. This is an interesting experience, one can watch a wide variety of local providers (managers, doctors, nurses, approved social workers, etc) binding together if only to reject criticism made by the visitor!

In some situtions, e.g. when visiting a sub-speciality which is not one's own, the Commissioner may feel ill qualified to comment. (It must be much worse for lay members). This could lead to undue time being spent commenting on deficiencies in 'hotel' provisions or the minutiae of paper work. The former is only too well known to local staff who are unable to alter it, the latter will not be greeted with total enthusiasm. The efficacy of visits, in terms of making improvements to "...current mental health service delivery and future policy development" is untested. Criticisms may be repeated in successive reports. Perhaps three items should be selected on each visit and any changes noted on the next visit. The Commission has no sanctions – it cannot withdraw accreditation – just send reports to prospective purchasers. The proposed "...inclusion in the Biennial Report" is not to be seen as a recommendation! Incidentally, these Biennial Reports should be more widely read.

During the four years, one is involved with various fascinating practical or intellectual problems together with a wide variety of other disciplines. One watches, by successive visits over the years, how these problems are addressed or answered. It is to be recommended, but like banging one's head against a brick wall, it is nice when it's over!

M. T. Malcolm, *Consultant Psychiatrist, Wirral Hospital, Bebington, Wirral, Merseyside LG63 4JY*

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