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reviews

Maudsley Discussion Paper 10. Mental Health Law – Discrimination or Protection?

By George Szmukler & Frank Holloway. London: South London & Maudsley NHS Trust. 2000. 21 pp. £4.00 (pb).

On what basis is it justifiable to treat people with mental health problems differently to those with physical health conditions? Szmukler and Holloway's views will be well-known to readers of the *Bulletin* (see, for example, *Psychiatric Bulletin*, November 1998, **22**, 662–665), but this discussion paper (written before the Government's White Paper was published) gives the clearest account yet of their position: not only is mental health law discriminatory, the situation is actually getting worse. Moreover, there is no logical or factual justification for it.

The authors start by showing that mental health law has historically oscillated between the two poles of a medical 'best interests' model on the one hand and a legalistic 'dangerousness' approach on the other; our present law represents a slight retreat from the paternalistic 1959 Act. They then look at the 'Bournewood gap' and the Richardson Committee's proposals, largely disregarded by the Government. They consider the plans for compulsory treatment and find them wanting. So far, so familiar.

The most intriguing part of the paper is the thesis that current legislation poses two key questions the wrong way round. The questions are, first, does the person have a mental disorder? Second, is he or she dangerous? Addressing them in this order inevitably leads to the treatment of people with mental health problems on a different basis from the rest of the population. However, if the questions are reversed, the question of dangerousness can be approached in the same way for all; the disorder then becomes a factor in determining how to address the dangerousness. It follows that, if the first question is answered in the negative, there is little justification for compulsory intervention. This analysis is a most helpful contribution to the current debate.

The authors finish by considering compulsory treatment in the community: they have no objections to its use where the patient lacks capacity and the treatment is in his or her best interests. If it is applied as an alternative to hospital admission, or to facilitate earlier discharge, the order must be time-limited, based on recovery of capacity. It should not be used for the protection of others.

The paper concludes with a plea for placing compulsory treatment on a firm ethical basis. As we now know, the White Paper, with its stress on best interests, represents a move back towards paternalism. Let us hope that Parliament will bring some ethical rigour to its own discussions in due course.

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Stigma Videotape

By the Royal College of Psychiatrists. London: Royal College of Psychiatrists. 1990. 14 minutes. £5.00.

With a cheerful piano accompaniment by Nicholas Medtner (at times sounding like the arguably more appropriate Charles Alkan) and punctuated by some catchy rock lyrics, this 14-minute videotape takes off from the previous College cinema short on the same topic. Like the earlier film this attempts to argue the propinquity of mental illness: if not you, then your mother or your lover. Unlike the previous shorter one, this new update largely eschews images of cinematic horror and madness that at a previous showing Lewis Wolpert and others had argued were counterproductive in our attempts to confront stigma.

Instead we have a largely Whiggish perspective: once regarded with superstitious fear, mental illness is now amenable to a scientific knowledge and control in which the College is fully involved. Some of its fast-moving montage depicts past human cruelty – Nazi executions of civilians and electroconvulsive therapy (Eh? Electroconvulsive therapy is not a therapy?). This upbeat science sweeping away prejudice has problems with the very non-understandability of psychopathology. Here it is a disease as illustrated by various brain scans, and addiction too is just a disease. Best left to the experts, yet some human sympathy won't go amiss. But surely, one of the reasons 'insanity' still provides one of our most enduring tropes, not least in the cinema, is its ready illustration of unintelligibility, alterity, and its awkward position between naturalistic and voluntaristic ways of understanding. Hardly the fault of the filmmakers: we still do not have a model of psychosis that makes any sense in terms of popular knowledge. Nor, with the fading of the anti-psychiatric approach (which at least offered some model of insanity as a response to not unintelligible social conditions), are we likely to get that soon? The neurobiology of schizophrenia is still too distant from commonsense understanding. By contrast, a broken leg (which the film offers as a counterpoint) is apparently approachable through knowledge of a broken stick or something similar. Not so a 'broken mind' as it is called here.

It might be felt that the producers could have gone for one illness as an intelligible model (say depression), rather than collecting together psychosis, addictions, eating disorders, dementia and the psychoses. (Do we really think a unitary model for all these will emerge?) But, reliance on the one, apparently intelligible, pattern of depression as a general model might have been regarded as dishonest. In short, we have here a succinct and humane little film that is unlikely to do any harm (not least to the reputation of psychiatry). Whiggish? Certainly, but none the worse for that.

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Recent Advances in Understanding Mental Illness and Psychotic Experiences. A Report by the British Psychological Society Division of Clinical Psychology

By The British Psychological Society. Leicester: British Psychological Society. 2001. 82 pp.

This is a readable booklet marshalling current psychological thinking on psychosis, produced by a working party set up by the British Psychological Society, including several of the most renowned professors of clinical psychology in Britain today.

It will be found provocative by psychiatrists, because it constantly strives to drive a distinction between the way psychologists conceive of psychosis and the perspective of doctors.

Psychiatric propositions about biological causes are critically assessed, for example the dopamine hypothesis is dismissed as relying too heavily on arguments about dopamine-influencing medication, which the booklet asserts is like arguing that headaches are caused by lack of aspirin.

It tries instead to emphasise a dimensional rather than categorical or medical model approach to psychosis.

While the booklet rigorously and scientifically argues its case for a more psychological perspective, the key issue is what proportion of people with psychosis treated in the health service would really benefit from its recommendations. For

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