Reviews

Report of the Mental Welfare Commission for Scotland 1985. Edinburgh: HMSO. 1986. Pp 43. £4.40

Those in England and Wales who have taken up the new hobby of 'commission-watching' will be interested in this publication from Scotland. Enthusiasts south of the border have already reported many varieties of 'commission'. They can be differentiated by their plumage, cry and habits which vary from sudden swoops on unsuspecting prey to ostentatious ritual displays.

The Scottish Commission is a well established resident which continues to adapt to its environment. In England one has heard criticisms of the quality of some of the medical staff appointed to the Mental Health Act Commission. The Scottish Commission has recruited highly qualified part-time medical officers who have proved of great advantage and have undertaken a very substantial workload demonstrating their considerable personal commitment to the Commission's work. This must surely account in large measure for the much better respect and confidence in the Mental Welfare Commission amongst the medical profession in Scotland.

Another reason may be because the Scottish Commission is more direct in its criticism than its English counterpart. Like the reports of the Mental Health Act Commission's predecessors (the Board of Control and the Commissioners in Lunacy) the Mental Welfare Commission names the hospitals where standards of care have been found wanting. Their comments on Lennox Castle Hospital end by saying "the Commission does not wish to be unhelpfully critical". They haven't been unhelpful: in July 1986 it was announced that an extra £2 million was being made available to the hospital.

The Commission has paid special attention to those whom they describe as "entrapped patients" in the State Hospital, Carstairs—those recommended for discharge and accepted in an NHS hospital but for whom no bed has yet been offered. Though the Commission does not take the credit for itself, perhaps its influence has contributed to an improvement in the situation of these patients who have been unnecessarily deprived of many of their civil liberties.

The 1985 report is the first since the new consent to treatment provisions of the Mental Health (Scotland) Act 1984 came into force. The Commission feels it important to record that no case has been brought to its notice in which a responsible medical officer has thought that compliance with those provisions has been detrimental to the patient or has left him in the invidious position anticipated in earlier professional apprehensions. They say that of the psychiatrists whose treatment plans come under the scrutiny of the Commission, all but a very few prescribe in accordance with current medical teaching and pharmaceutical advice. Much the same was said in the Mental Health Act Commission's First Biennial Report[1] and one wonders whether the whole panoply and cost of the second opinion procedures is justified or whether psychiatrists are treating patients more appropriately because of the new provisions.

Other chapters in the report deal with the contentious issues of seclusion, time-out and locked wards. The Commission recommends that seclusion should be governed by a policy approved by a Health Board and reviewed from time-to-time by it; and that returns should be made to the Board annually showing the number of patients who have been secluded as well as the longest period of seclusion and the cumulative duration for each of these patients; and that these reports should be made available to the Commission. It is interesting to note that such details for each hospital were published in the annual reports of the Commissioners in Lunacy.

The Commission has carried out a survey of closed ward policy and practice in Scottish mental hospitals to find out who decided that wards should be closed and why. They concluded that such *de facto* detention is entirely appropriate and that relatives and the public would expect that the exits from wards in which such patients are nursed should be under close staff supervision and, where that cannot be guaranteed, it will be necessary to keep these patients under lock and key. With their characteristic sense and sensibility the Commission says that such patients do not seem to be advantaged in any way by being legally detained in order only to legitimise the locking of a door in front of them and that such detention would be unnecessarily stigmatising. Whilst they do however stress that the fact that such patients are under that degree of physical safekeeping should be openly acknowledged by hospital managers and they warn of the danger that such practices may be used as a staff-saving expedience. The Scottish Commission's practical and realistic views differ markedly from the legalistic approach adopted by their English counterparts—who in any case do not have statutory powers concerning informal patients.

Many psychiatrists in England and Wales look forward to the day when the Mental Health Act Commission will have had sufficient experience of the realities of psychiatric patients and their care such that they will publish reports as balanced yet as punchy as this one. Roll on the day when we have said goodbye to posturing peacocks who pass the time preening themselves. The Scottish bird has the confidence acquired from a thorough knowledge of his territory; but don't take him for granted or he will give you a nasty peck.

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REFERENCE

[1] *The First Biennial Report of the Mental Health Act Commission 1983–85.* (1986) London: HMSO.

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