

Mental health legislation

Sir: We report the case of a patient who was admitted to the Crichton Royal Hospital in the spring of this year. Since 1979, the patient has been admitted 18 times with exacerbation of bipolar affective disorder. But between episodes this patient was generally well. The patient was last discharged from in-patient treatment in December 1993. In view of the frequency and severity of relapses, it was decided to renew Section 18 detention under the Mental Health (Scotland) Act 1984. As oral medication was refused, the community psychiatric nurse was to administer flupenthixol by depot.

Under the Mental Health (Patients in the Community) Act 1995, such absences on leave, and the ability to administer medication compulsorily, have now been limited to 12 months, to apply from 1 April 1996. Transitional arrangements dictated that, in this case, detention had to end six months after this date, namely 1 October 1996.

Perhaps predictably, this patient refused the depot from 20 December 1996. In May 1997, the first admission for over three years occurred,

with symptoms of mania. It has proven difficult to control.

We argue that the Mental Health (Patients in the Community) Act 1995 will have a detrimental effect on patients such as this in Scotland. Prior to its amendment by the above Act, indefinite power of recall subject to renewal of this Section 18 by the Sheriff had been available. In England and Wales under the Mental Health Act (1983), leave of absence had already been limited. The new Act does not amend the Mental Health Order (Northern Ireland) 1986 where indefinite power of recall from Section remains.

The new community care order does not explicitly allow for medication treatment which has been the key element of extended leave of absence.

The patient is shortly to go out on pass once again under Section 18. Should we expect this patient's admission again in December 1998?

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