they prescribe and feel that they would be better off as a result. Whether this should be enforced by legislation is another matter.

Compulsory treatment in the community raises important issues, several of them discussed in the original article by Moncrieff & Smyth (*Psychiatric Bulletin*, November 1999, **22**, 544–546). Many mental health workers are justifiably concerned about the implications of CTOs for the relationship between professional and patient as well as for individual patient rights. I do not think that Llewellyn-Jones & Donnelly offer persuasive arguments in their favour.

SARGANT, W. W. (1967) *The Unquiet Mind: the Autobiography of a Physician in Psychological Medicine*. London: Heinemann.

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Help cards for patients

Sir: We wish to report our experience of developing a help card for patients who commit deliberate self-harm (DSH) attending a general hospital. A previous local study identified difficulties with assessments and planning interventions (Gordon & Blewett, 1995). In Bristol the effectiveness of offering access to specialist telephone help following DSH has been examined with variable outcome between subgroups (Evans *et al*, 1999) demanding further study and replication. We propose a slightly different intervention as part of a broader strategy. We asked casualty doctors to offer a pocket-sized card with numbers and hours of availability comprising the Samaritans, Relate, a local alcohol and drugs agency, a line for young people, Rape and Incest crisis, and the National Debt line.

As a first step to understanding its impact we wrote to people discharged from an accident and emergency department after committing DSH. Forty-eight patients returned a questionnaire, of whom 20 reported receiving a card. Of these, 15 thought it a good idea, and six of the seven who used a line said that they found it helpful.

If a voluntary sector based card could be shown to be effective, the implications for joint working are obvious: currently there is a paucity of evidence for voluntary sector DSH interventions generally, and a variety of arrangements between statutory and voluntary sectors have grown up in different localities. The objective value of our findings is limited to an impression of user acceptability. In an attempt to examine the effect on repetition of DSH, the card is now subject to a randomised controlled trial, and forms part of our patients' management delivered by a specialist DSH team. We would value the opportunity to share our experience with others interested in treating this patient group.

References

EVANS, M. O., MORGAN, H. G., HAYWARD, A., *et al* (1999) Crisis telephone consultation for deliberate self-harm patients: effects on repetition. *British Journal of Psychiatry*, **175**, 23–27.

GORDON, C. & BLEWETT, A. (1995) Deliberate self-harm: service development in Kettering. *Psychiatric Bulletin*, **19**, 475–477.

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Use of Section 62 in clinical practice

Sir: Like Johnson & Curtice (*Psychiatric Bulletin*, April 2000, **24**, 154), we have also audited the use of Section 62 (urgent treatment). We studied all Section 62 forms completed at St Andrew's Hospital during 1997. A total of 55 forms were audited, 53 authorising medication and two authorising electroconvulsive therapy (ECT). This contrasts with Johnston & Curtice who found Section 62 was used exclusively for ECT. These findings are likely to be due to differences in patient characteristics between the two studies. St Andrew's has many tertiary NHS referrals including forensic patients, whereas Johnson & Curtice were studying patients of a local psychiatric service.

In our audit, aggression towards self or others and generally disturbed behaviour were the most common reasons for using Section 62. Antipsychotics followed by benzodiazepines were the most frequently administered medicines. In 33 instances patients receiving treatment authorised by Form 39 urgently required additional medication to that certified. Fourteen patients withdrew their consent to treatment at the same time displaying an urgent need for medication. A disproportionate number of Section 62 cases involved adolescent female patients. In virtually all cases treatment authorised by Section 62 appeared genuinely urgent.

We are concerned about the Government Green Paper *Reform of the Mental Health Act 1983*. It proposes that the threshold for administering emergency medication be increased such that merely preventing violence or self-harm would not be sufficient grounds to authorise urgent treatment. This raises concern about staff and patient safety particularly in forensic settings. Psychiatrists will no longer be able to give urgent ECT to patients who lack capacity or do not consent but must wait for authorisation from a second opinion appointed doctor (SOAD). In our audit SOADs took a mean of 4.8 days to visit and complete Form 39 after Section 62 had been used. If made law this measure is likely to increase the suffering and morbidity of severely depressed patients.

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C. KATONA, S. P. TYRER AND J. SMALLS

Changes to the MRCPsych examinations

The MRCPsych Examinations were analysed by a professional educationalist, Dr Helen Mulholland, in 1998 and a working party, chaired by the Dean, was set up to examine what changes would be desirable to increase the reliability and validity of the Examination, and to ensure it is in keeping with the principles of 'adult learning'. In June 1999 the working party agreed that an option appraisal should be made of the alternatives proposed, and that this should be subject to a wide ranging consultation process with all relevant parties. The final recommendations were considered and agreed by the Court of Electors in December 1999.

Part I Examination

At present the Part I MRCPsych Examination consists of a multiple choice

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