

to produce Codes of Practice on admissions procedures and treatment of detained patients is to be welcomed in principle. It is likely that this Commission will exert a considerable influence on the manner in which the law is interpreted and on professional attitudes to criteria for admission and treatment. It is to be hoped that the use of compulsory powers will be monitored effectively and that patients' rights to treatment will receive as much consideration as their rights to liberty. Detailed statements concerning cases reviewed and decisions taken by the Mental Health Act Commission should be made available. In view of the greater role to be played by Mental Health Review Tribunals, it is also to be hoped that the reasons for their decisions will be expounded in more detail than at present. The College could make an important contribution by monitoring the activities of both bodies. A research unit under its aegis could provide valuable information on the impact of these decisions, particularly those against detention or treatment, on patients' subsequent histories.

#### Conclusions

If the discussion above is accurate with regard to the implications of the new 28-day Assessment order, then psychiatrists and social workers will find themselves forced to reveal more clearly their fundamental attitudes to a difficult group of patients with chronic mental illnesses. Choices will be more polarized. They will have to decide between offering virtually no treatment or of committing themselves to an attempt at serious treatment. These patients often appear as potentially unrewarding to treat, since the likelihood of a cure is remote. It is possible, however, that with good management the quality of their lives may be

considerably improved and their suffering reduced. To achieve these goals, which to many will appear modest, much energy will need to be expended. Will this be thought worthwhile? If the easy alternatives are taken, this will mark yet another step in the progressive neglect of a section of the chronically mentally ill who are encompassed so poorly within the movement to keep psychiatric patients within the community. It is possible to envisage that such patients will eventually be no longer 'labelled' as mentally ill, but instead regarded as 'eccentrics' or as suffering from 'personality disorders', and thus unsuitable for treatment. Some will find themselves in the courts, through which, with the new powers for remand and interim hospital orders, a proportion will end up via a more circuitous route again in hospital.

Perhaps many in our profession will consider these trends an acceptable price to pay in a society which is concerned to preserve a variety of civil liberties. Others may feel that a group of ill people who have virtually no public voice require some support in gaining other rights, including that to humane and adequate treatment. The problems are worthy of serious discussion.

#### REFERENCES

- DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1982) *Mental Health Amendment Act 1982*. London: HMSO.
- SZMUKLER, G.I., BIRD, A.S. & BUTTON, E.J. (1981) Compulsory admissions in a London Borough: I. Social and clinical features and a follow-up. *Psychological Medicine*, 11, 617-36.
- (1981) Compulsory admissions in a London Borough: II. Circumstances surrounding admission: service implications. *Psychological Medicine*, 11, 825-38.

---

## News Items

### *Mental Illness Research Liaison Group*

The Mental Illness Research Liaison Group of the DHSS has produced a further appendix to its strategy statement on research in the field of the elderly mentally ill. The new appendix sets out the RLG's view on the subjects needing further investigation and is produced in order to help those researchers who might be interested in doing some work in this area. Its emergence should not be taken, however, as an indication that funding of such research is readily available—it is not. DHSS research funds, like others, are under pressure and proposals will have to compete with many others for funding. Further information and copies of the Department's standard application can be obtained from the Office of the Chief Scientist, DHSS, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

### *A Guide to Training Resources for Staff Working with 'Confused' Elderly People*

This guide gives details of books, articles and audio-visual materials which might be useful to anyone training staff or volunteers working with elderly people. It also contains a list of issues which a training programme might cover and suggests training exercises and methods.

It is hoped that the guide will encourage people to submit their own materials and methods for inclusion in future editions. The guide is available from the King's Fund Centre, 126 Albert Street, London NW1 7NF—price 50p (including post and packing). For further information on King's Fund Centre publications in the field of long-term and community care, please send an s.a.e. to the King's Fund Centre at the address above.