

can be said for some consultant psychiatrists. They are not trained doctors or psychiatrists but if Dr Azuonye is trying to suggest that the possession of an MB or MRCPsych imparts the ability to make the correct decision in every case then this is frankly beyond belief.

(d) Fourthly, Dr Azuonye seems to be confusing and mixing-up two quite different issues: compulsory admission and medical "responsibility" of the consultant psychiatrist.

(i) Compulsory admission and treatment for mental disorders is *not* only a medical problem, and never has been. When somebody is so seriously mentally ill that the significant step of taking some of his/her normal legal rights away is being considered, in many respects the precise "diagnosis" or "psychiatric opinion" is overshadowed by the risk to other members of society, or to the patient him/herself. Therefore "medical authority" should not be an issue at all and should be relegated to the zone of "wounded pride". When someone is floridly insane and at possible risk it usually does not require a consultant psychiatrist to pronounce this, although, quite correctly, this is a necessity under Law. What is important is that the real interests of the patient, and the rest of society, are closely and carefully considered before Mental Health Act² forms are signed. Therefore it would appear to be important that psychiatrists do not become bombastic, offended, upset or petulant when their decisions are queried as their input is only a part of the compulsory admission or treatment process. Approved Social Workers have received particular forms of training which psychiatrists have never had; their input and perspective should therefore be seen as complementary, and significant in its own right.

(ii) A consultant is certainly responsible for the patient's welfare, and is answerable if things go wrong. This cannot be used as a weapon to force an Approved Social Worker to sign an application form; this is blackmail. If a consultant disagrees with an Approved Social Worker who refuses to sign an application form, he/she must continue to do all he/she can to act in what he/she considers to be his/her patient's best interests. This may include approaching another Approved Social Worker, or the patient's relatives. It may even involve (perish the thought) the psychiatrist re-evaluating the case and the need for compulsion, or asking for the opinion of another consultant psychiatrist. To throw up one's hands, point at the Approved Social Worker, and say "OK, it's your fault if he kills himself", and then walk off is not in my opinion acceptable medical practice.

(e) Finally, I would like to put forward an alternative view which Dr Azuonye and any psychiatrists who support his beliefs may wish to consider:

The approved Social Worker (ASW) should be seen as a valuable and trusted colleague who in fact can assist with the decision-making process whenever a Mental Health Order is being considered. Psychiatrists should be relieved and sleep easier in their beds because the burden of this often initially unpleasant duty is not solely theirs. The crucial mistake which many psychiatrists make is coming to a particular decision before even consulting an ASW, and then assuming that the ASW will go along with this decision. If the ASW does not then sign the form, attitudes become entrenched and tempers are lost. Surely if psychiatrists involved an ASW at an earlier stage of decision-making, such situations would become much rarer.

Lastly, the ASW is a professional colleague and should be treated as such. To suggest otherwise is patronising and insulting. It should be borne in mind that it is a lot easier for an ASW to simply sign a form than to challenge the opinion of an often very powerful and influential consultant. Many ASWs, I am sure, dread this situation and feel acutely anxious and threatened when it arises. It would be as well for all psychiatrists to remember this the next time they are faced with such a situation.

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REFERENCES

- ¹MENTAL HEALTH ACT 1983: Section 118-Draft Code of Practice, London: DHSS.
²MENTAL HEALTH ACT 1983. London: HMSO.

DEAR SIRS

Dr Azuonye's letter (*Bulletin*, July 1987) states facts of considerable importance: refusal of the Approved Social Worker to make the application for admission, regardless of two medical recommendations; and so in deciding, to walk away, without any responsibility for the consequences. It is definitely my experience that it has been more the rule than the exception that the recommendation has been implemented at a later date.

This unsatisfactory situation unfortunately extends to applications for treatment. A patient was initially refused electroplexy following consultation with other professionals. As he deteriorated, treatment was administered with successful recovery. Why the delay? For whose benefit? . . . Certainly not the patient, and who would be responsible in case of complications?

Approved Social Workers' duties in terms of the Mental Health Act should be limited to those related to social aspects of care only.

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