

# Council Reports

## **Wish you were here? Ethical considerations in the admission of patients to substandard psychiatric units.**

**CR50. March 1996. 6 pp. £2.50**

There has been an alarming rise in the number of patients detained in hospital under various sections of the 1983 Mental Health Act. A variety of reasons might account for this trend; one possibility is that patients are reluctant to be admitted into acute psychiatric admission wards which they perceive as inadequately staffed, set in unpleasant and even unsafe surroundings, and offering a poor quality therapeutic environment often accompanied by unacceptable levels of disturbed behaviour. As the environment deteriorates, the section rate rises. Treating patients in substandard inpatient facilities is not only counter-therapeutic but unethical. This is particularly the case for detained patients who are unable to exercise choice. Treating patients in inadequate facilities may have also contributed to the recent decline in morale in adult general psychiatry, particularly in the inner cities where the problems have been most acute.

Every patient admitted to hospital should expect, as a basic right, to be treated in a therapeutic environment which allows them to receive acceptable minimum standards of medical and nursing care and which itself is conducive to recovery. This principle applies to all patients but is of particular importance to compulsory detained patients who are generally unable to exercise choice in the matter of their treatment.

This report lays out a basic code of clinical standards safeguarding the rights of detained patients. The code includes the ward environment itself, clinical care, and the treatment plan, including access to and availability of therapeutic facilities. Broader issues are included, such as respect and recognition of culture and ethnicity and patients' rights with respect to information, privacy and confidentiality.

In considering the therapeutic environment from an ethical perspective it is hoped that *Wish You Were Here?* . . . will help clinicians in discussion with managers and purchasers in their efforts to maintain the highest possible standards for their patients.

## **The responsibilities of consultant psychiatrists.**

**CR51. July 1996. 23 pp. £5.00**

The Royal College of Psychiatrists has published an updated policy statement on the changing responsibilities and role of consultant psychiatrists. It was considered particularly appropriate to re-examine the role of the consultant in the light of changes occurring within health service provision in recent years; as a result, the document, *Responsibilities of Consultant Psychiatrists* includes references to recent legislation affecting the provision of psychiatric services and, in particular, developments in community care. It has, therefore, drawn to a very large extent upon the College's publication, *Caring for a Community* (Council Report CR36) published in January 1995. The statement also considers the consultant psychiatrist's responsibilities in both the National Health Service and in the independent sector.

The document is divided into four sections:

- the responsibilities of the consultant psychiatrist – which includes the issues of confidentiality, ethics, resources, management and administrative duties
- the consultant's role – including discussion of the need for highly developed communication skills, professional conduct, the maintenance of standards, criteria for appointment and the legal framework under which all doctors operate
- multidisciplinary functioning in both the secondary and tertiary health care services
- the supervision and teaching of junior staff.

Considerable attention is also given to patient referral mechanisms from both medical and non-medical sources, and the consultant's specific responsibilities in such cases. The need for Continuing Professional Development (CPD) is also addressed, as well as some discussion of the Purchaser/Provider ethos which has brought the independent sector closer to the NHS, emphasising the fact that this sector is an integral part of the UK healthcare system.

The document contains a number of important references, including an extract from the Central Consultants and Specialists' Committee (CCSC) document: *Towards Tomorrow – the Future Role of the Consultant*.

**Sexual abuse and harassment in psychiatric settings.**

**CR52. January 1996. 17 pp. £5.00**

This is the report of a working party set up by the Public Policy Committee of the Royal College of Psychiatrists. Publication by MIND of their Adviser Briefing and Campaign Briefing 2 on this topic, led to an appreciation of the need to update the earlier College Statement published in 1989.

Little has been published on this issue in relation to patients – most articles deal with abuse/assaults on staff. The report explores the need to put the issue in the context of sexuality in general. The various situations when abuse can arise are discussed and the need to see the issue in broader terms than traditionally has been practised is emphasised. The importance of consideration of an individual's sexuality, needs and ability to consent as part of their routine assessment and subsequent care plan is one of the main themes in the report.

The need for prevention and appropriate response are emphasised. Various methods of prevention are explored. Adequate policies on sexual activity are essential. Good ward design and adequate staffing levels go a long way to ensure safety of patients from harassment or abuse. Patient education is also an important

part of good practice. Multidisciplinary consultation and openness in discussion facilitate the development of acceptable policies.

It is emphasised that the principles outlined apply in all psychiatric facilities, not just in-patient units. Specific issues in relation to particular patient groups and unit functions are explored. The contrast in needs and issues related to long-term settings as compared to acute or out-patient facilities are emphasised. Special issues in relation to secure facilities are pointed out, together with the particular needs of the elderly, children and those with learning disability.

In addition to the guidance on the need for clear policies the need for good, continuing, staff training on this issue is clearly pointed out. Patient involvement in drafting policies is recommended. Quality monitoring and audit should be incorporated in the procedures. The report includes a bibliography.

**Council Reports** are available from the College by mail or telephone order. Cheques should be made payable to The Royal College of Psychiatrists at 17 Belgrave Square, London SW1X 8PG. Further information and telephone orders to Kerstin Sayoud: 0171 235 2351 ext. 146 (please quote the CR number where possible).