Correspondence

Community treatment orders: current practice with regard to the Human Rights Act

We were struck by the potential legal implications surrounding the discretionary conditions of a community treatment order, in particular social conditions such as conditions on driving, restricted family visits and checking mail, which are authoritarian in their approach. Lepping & Malik rightly pointed out that these conditions raise ethical issues.[1]

Article 5(4) of the European Convention on Human Rights (ECHR) sets out that persons detained unlawfully should be able to secure their release by petition to an independent court of law. The power of mental health review tribunals to order discharge from community treatment orders appears to meet this requirement. However, the tribunal does not have the power to vary the conditions of a community treatment order, and the patient does not have the right to appeal these.[2] Severe restrictions which effectively amount to a deprivation of liberty would almost certainly be challengeable on human rights grounds with regard to a breach of Article 8 'Rights to a private and family life'.[3] In many countries where community treatment orders are used, the conditions are authorised by the judicial system as opposed to the UK where the responsible clinician instigates the conditions.

We would like to highlight that responsible clinicians should consider both Article 5 and 8 of the Human Rights Act when setting conditions for the community treatment order as in our opinion this remains a likely area for a potential judicial review.

1 Lepping P, Malik M. Community treatment orders: current practice and a framework to aid clinicians. *Psychiatrist* 2013; **37**: 54–7.

2 Daw R. The Mental Health Act 2007 – The defeat of an ideal. *J Ment Health L* 2007; **Nov**: 131–48.

3 Gostin L, McHale J, Fennell P, MacKay RD, Bartlett P (eds) *Principles of Mental Health Law and Policy*. Oxford University Press, 2010: 531.

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Psychiatry for undergraduates: towards a solution

There is more that can be done to improve the undergraduate experience.[1] This can be through curriculum design, preparation before the placement and what is done during the placement.

The curriculum is mostly designed in a way that means psychiatry is only encountered in the 4th year with very little prior to that. Although this may ensure that students' confidence and communication skills are more developed, it also means that the possibility of psychiatry as a career has been considered quite late on in the undergraduate career.

More could be done to better prepare students for their psychiatry placement. All too often this is only by way of theory and basic science and communication skills, rather than preparation for the realities and potentially difficult nature of patient interactions.

During placements, it is important that students spend time with several subspecialties such as perinatal or liaison psychiatry. This helps to make the link with the medical specialties and makes psychiatry seem less alien to other specialties.

We feel that the attitude of a team towards students can be as important as specific role models. When students have an identified role in a team or with patients, this helps them feel involved, builds their confidence and maintains interest.

1 Archdall C, Atapattu T, Anderson E. Qualitative study of medical students' experiences of a psychiatric attachment. *Psychiatrist* 2013; **37**: 21–4.

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