

Psychology Departments Committee is a member of the committee which advises the tutors in the Epsom area, and recently a consultative body has been formed, composed of the two clinical tutors in psychiatry and two tutors in Clinical Psychology representing the H.O.D. Committee, to integrate teaching for the D.P.M. and for the B.Ps.S. Diploma in Clinical Psychology.

MAHESH DESAI.

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OUT-PATIENT TREATMENT
UNDER SECTION 26 OF THE
MENTAL HEALTH ACT OF 1959

DEAR SIR,

With good community psychiatric services, the imaginative use of day hospitals, and the advent of long-acting intramuscular tranquillizers such as fluphenazine enanthate, it is now possible to keep patients in the community who would otherwise be condemned to chronic hospital life; provided one can ensure that they attend the out-patient clinic or day hospital for regular treatment. In some instances regular treatment out of hospital can only be achieved if the patient is kept under Section 26 of the Mental Health Act of 1959 and is regarded as being on extended leave from hospital. Though this procedure is in keeping with the spirit of the Act, in so far as it is aimed at giving the patient more freedom and more opportunities for leading a normal life, the Act makes no provision for this particular type of case, and every six months these patients have to go through the unnecessary and often disruptive ritual of being readmitted into hospital for one or two days—it is not specified exactly how many—in order to prevent the Section 26 from expiring.

To keep patients who are not in hospital on extended leave under Section 26 instead of discharging them, is on the whole bad practice, as it is often motivated by negative reasons, the most common being a dislike of repeating the formalities of the compulsory

admission procedure if he relapses. There are, however, special occasions when it would appear to be for the good of the patient to do so. In these cases there should be positive reasons for taking this decision: in order, for example, to establish the patient on a progressive rehabilitation programme or to ensure that he will have the necessary out-patient or day hospital treatment with the intensity and regularity that is required.

An existing alternative to the use of Section 26 for this purpose would be the reception of the patient into guardianship under Section 33 of the Act. However the majority of parents and relatives who could be appointed as Guardians may find that though they are given the authority under Section 33 to see that the patient attends the clinic or day hospital they may, because of advanced age (the patients are usually adults) or other circumstances, lack the ability, energy or time to enforce this authority. Local authorities have difficulty in finding grounds upon which to make an application for guardianship, the hospital as such is not entitled to do so, and the psychiatrist responsible for the patient cannot be expected to take on the burden of guardianship in his own personal capacity.

Treatment techniques continue to improve and the trend for the psychiatric services to be based in the community and in the general hospital rather than in the mental hospitals is gathering momentum. It is likely, therefore, that there will be an increase in the number of patients who can be kept out of hospital provided that they have adequate treatment and support.

If and when the Mental Health Act is reviewed, it would be desirable if some provision were made for patients who are in the circumstances described at the beginning of this letter in order to spare them an unnecessary sojourn in hospital every six months. Such provision would also give psychiatrists one other possible way of treating their patients, and would lead, one would hope, to a greater number of discharges from hospital.

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