

from other disciplines. As Dr Jorsh implies, many psychiatrists cannot feel wholly committed to a bio-medical model, and draw on alternative theoretical sources. Nurses share this unease, and, like their medical colleagues, seek to discover, and understand first hand, a fitting conceptual basis for practice.

The terminology of descriptive psychopathology is useful and important. It is also limiting; and, as Dr Jorsh acknowledges, one must look further for a more complete approach. Nursing is now trying to establish theoretical models and conceptual frameworks; however, inductive theory, whether predictive or descriptive should, of course, be capable of testing for validity and usefulness. The long tradition for doing this in medicine is respected by nurses. Now they emulate it.

Professor Altshul, in the same address cited by Dr Jorsh, described nursing practice which, while outside some nursing theory, equally lay outside the medical model. Such good practice as the development of a trusting, therapeutic relationship, or the creation of a safe ward atmosphere, I suspect might also be valued by Dr Jorsh. If such skills cannot be learnt, then certainly psychiatric nurse education has erred, for their acquisition is a key goal of the teaching approaches being incorporated, from the 1982 RMN (Registered Mental Nurse) syllabus, into many 'Project 2000' mental health branch programmes. (I cannot answer for the single college he assumes to be representative.)

The Avon College of Health, Mental Health Branch Programme uses 'Mental Health and Illness' as one of the main themes of the course. Discussion of the classification of mental disorders and medical diagnosis is followed by developing understanding of different disorders and treatment approaches. This theme cohabits with others, with which there may be some healthy conflict, and a critical approach based on the evidence is encouraged. Practical experience includes attachment to individual clients, with supervision from multi-disciplinary key workers (which could include doctors). Formal teaching from psychiatrists may contribute to theory; however, the financial remuneration they command reduces their involvement to those topics not covered by internal lecturers.

Again, this is evidence from one establishment. I am also aware of approaches in other colleges: eclecticism, holism, and the identification of physical, psychological, social and spiritual needs as the basis for planned intervention, are common features. In order to be approved, any 'Project 2000' course must enable the student to attain the 'competencies' outlined in the amended Nurses Midwives and Health Visitors Act. All of them apply to "sickness and health", and include "The ability to function in a team, and participate in the multi-professional approach".

I hope this adds balance (not 'dogmatism') to a debate about a relationship which I hope will survive even Project 2000!

JOHN W. RAWLINSON  
Nurse Tutor (Mental Health)

Avon College of Health  
Department of Nursing Education  
Glenside Centre  
c/o Glenside Hospital  
Blackberry Hill, Bristol BS16 1DD

*This is a shortened version of a longer response.*

DEAR SIRs

I am very pleased to note that The Avon College of Health appears to be teaching some form of descriptive psychopathology. However, the form that this takes remains unclear. I must confess that I may have been somewhat confused by the jargon in the letter, the use of which supports, rather than refutes, my argument. I note that Mr Rawlinson wrote to add balance (not 'dogmatism') to the debate, but has been unable to expand upon his argument because of the very terms by which he appears to be constrained. I therefore find very little in the letter which causes me to stray from the opinions expressed in the article.

In the interests of balance, I must add that since the publication of the said article, I have been invited to sit as medical representative on the Curriculum Committee of the psychiatric section of the North Staffordshire College of Nursing and Midwifery. With time, the implications of this will become known.

MICHAEL S. JORSH

University of Keele and  
St Edward's Hospital, Cheddleton

### *Mental Health Review Tribunals*

DEAR SIRs

I can understand the reasons for Dr West's concern about legal representation at Tribunal hearings (*Psychiatric Bulletin*, June 1991, 15, 372), but would suggest that he is in error on two points. I am assuming that he is referring in the main to Section 2 cases, but he does not say so.

First, as to fact; MHRTs were not conceived as he suggests, in 1983, but were introduced under the 1959 Act as a replacement for the system of independent intervention through the magistracy under the old lunacy legislation.

Second, as to intention. Tribunals are charged with *reviewing* the need for a patient's continued detention and to this end the latter's own views and attitudes are crucial to this process. Many patients are not only inarticulate but sometimes quite disturbed by a Tribunal appearance, however informal