

## ORIGINAL ARTICLES

## Knowledge about the Scottish Mental Health Act in a General Hospital Setting

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Dr B J Baig, Division of Psychiatry, University of Edinburgh, Royal Edinburgh Hospital, Edinburgh EH10 5HF  
T: +44 (0)131 537 6000 F: +44 (0)131 537 6531 E: benbaig@doctors.org.uk**Abstract****Background**

Clinical experience suggests that non-psychiatrists' knowledge of mental health legislation in relation to emergency detention is inadequate. However, most non-psychiatrists will use this legislation at some point in their career.

**Methodology**

A questionnaire about emergency detention legislation was circulated to non-psychiatric medical staff to test their knowledge of the provisions relevant to the general hospital.

**Results**

Two hundred and seventy four medical staff replied (a response rate of 82%). Results showed that an understanding of detention procedures and applicability were markedly deficient, irrespective of grade, specialty or experience.

**Conclusion**

The results indicate a need for increased education and awareness about emergency detention legislation especially in view of the implementation of the Mental Health (Scotland) Act (2003).

In the legislation pertaining to England and Wales, mental disorder is defined as "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind."<sup>3</sup>

2. Patients must pose a risk to the health, safety or welfare of themselves or others.
3. There must be no alternative to hospital admission and it is deemed a matter of urgency to admit the patient
4. Patients can only be detained by a medical practitioner fully registered with the General Medical Council.
5. The practitioner must have assessed the patient in the 24 hours prior to the detention.

When using this legislation, the medical practitioner making the detention order must try to seek agreement of a Mental Health Officer (Scotland) or Approved Social Worker (England and Wales) or the patient's relative. If the practitioner is not able to do so, he or she will have to justify his/her decision to the Mental Welfare Commission (in Scotland) or the Mental Health Act Commission (in England and Wales). The legislation quoted above conveys no powers to treat patients against their wills.

As mental health practitioners, our clinical experience suggests that knowledge about how and when to use this legislation is lacking among medical staff. Although there is little in the medical literature on the subject, previous work has commented on the lack of necessity for doctors to receive formal training in medical law.<sup>4</sup> Other studies have shown that both general practitioners and junior psychiatrists were unable to define basic statutory requirements in relation to emergency detention.<sup>5,6</sup> A further study showed poor knowledge among police officers and accident and emergency medical practitioners about bringing mentally ill patients to a place of safety.<sup>7</sup>

The Millan Committee which evaluated the Mental Health (Scotland) Act 1984 and which reported to the Scottish Executive in 2001 noted the need for the further education of medical practitioners in relation to emergency detention.<sup>8</sup>

In these studies, attention was primarily paid to the principles of mental health legislation, rather than the procedure of detaining a patient under the legislation. Missing from the literature are studies which examine the knowledge of physicians in the general hospital setting in relation to emergency detentions.

Our study was designed to assess practical knowledge of emergency detention procedures among medical practitioners in a general hospital.

**Introduction**

Psychiatrists in Scotland are required to know how to use the mental health act. An emergency detention certificate can be issued by all doctors but little is known about how familiar non-psychiatrists are with the mental health act. Importantly, in previous years, up to one fifth of all emergency detentions took place in general hospitals.<sup>1</sup>

Provision for such emergency detentions in Scotland is contained in the Mental Health (Scotland) Act 2003 section 36.<sup>2</sup> Similar provision exists in England and Wales, where the relevant legislation is the Mental Health Act 1983 section 4.<sup>3</sup> Under both jurisdictions, the core criteria for making an emergency detention are the same and include:

1. Patients who are likely to suffer from a "mental disorder." In the Scottish legislation, the term "mental disorder" includes mental illness, personality disorder and learning disability.<sup>2</sup> The patient may be detained irrespective of how the mental disorder is "caused or manifested."<sup>1</sup>

## Methods

The study took place in the two university general hospitals (869 and 568 beds respectively) which serve the city of Edinburgh. All on-site adult medical and surgical specialties were included except clinical scientists, radiologists and anaesthetists as they had generally little contact with detainable patients. The liaison psychiatry team was specifically excluded. All non-consultant grades were approached as the target population for this study, as they would be most likely to use the Mental Health Act. Subjects were asked to complete anonymous 32 item true/false questionnaires which were then collected promptly. It was possible to gauge which wards or specialties should be revisited to increase the response rate and yet maintain anonymity by including only doctors' grades and specialties on the form. The aim of the method was to generate the highest response rate over a given time period. The study took place over four consecutive months (two months in each hospital) in 2004 and referred to the 1984 Mental Health Act.<sup>9</sup>

The questionnaire gathered demographic information including: grade, present specialty and medical school. Senior house officers (SHOs) on general practice rotational schemes were considered to be working in their specialty at the time the questionnaire was administered. Medical schools were grouped into the University of Edinburgh, other universities in Scotland, England and Wales or non-United Kingdom to account for different legislation. The Edinburgh medical school was considered separately to evaluate whether local teaching was sufficient. A question was also asked about whether the respondent had detained a patient. The questions were chosen to test subjects' knowledge of routine clinical practice.

Table I

Question	Answer T/F	Percentage of subjects Answering Correctly (%)
<b>The following are examples of Mental Disorder:</b>		
1. Learning Disability	T	34.2
2. Borderline Personality Disorder	T	52.2
3. Confusion secondary to UTI	T	28.7
4. Depression secondary to prescribed steroids	T	54.7
5. Drug Intoxication	F	55.1
<b>When secondary to a Mental Disorder, the following are valid reasons for detention:</b>		
6. Risk of suicide	T	100
7. Risk of homicide	T	97.8
8. Deliberate self harm	T	73.1
9. Being sexually vulnerable/disinhibited	T	50.1
10. Deterioration of mental health	T	56.6
11. Deterioration of physical health	T	34.6
12. Dangerous driving	T	28.7
13. It is possible to treat a patient against their will under the powers of emergency detention.	F	43.0
<b>An emergency section, to be legally binding must have the signatures of:</b>		
14. The Doctor	T	94.9
15. The Patient	F	94.9
16. A Mental Health Officer	F	21.3
17. The patients next of kin/appropriate friend or relative	F	98.6
<b>The following grades of doctors can detain a patient under an emergency section</b>		
18. PRHO	F	77.6
19. SHO (non-psychiatry)	T	86.8
20. SHO (psychiatry)	T	100
21. A mentally ill patient who is at risk and refuses admission may be discharged if there is a safe alternative	T	81.2
<b>A patient, who has absconded from a ward, can be detained in their absence by:</b>		
22. Any suitable doctor who has seen the patient in the preceding 24 hours	T	52.6
23. No one	F	78.2

## Results

The response rate of the target population was 82.2% (n=274) of all non consultant hospital doctors in both hospitals excluding psychiatrists, anaesthetists, radiologists and clinical scientists. Scores were analysed by grade, specialty and medical school, and also by previous experience of detention and current confidence in detaining patients. Other information including whether doctors had detained patients and felt confident about using the legislation were also included. The mean scores of these groups were compared using independent T test for dichotomous variables and analysis of variance (ANOVA) for groups. The data was normally distributed.

Table II.

Groups Compared (number of subjects)	Mean Scores for Groups: max total =32	Significance
Doctors who feel confident in applying the act (23) and those who do not (241)	Confident (21.2) Not confident (19.9)	P=0.033 (Independent T test)
Doctors who have (76) or have not (195) applied the act	Have applied act (21.0) Have not applied act (19.7)	P=0.27 (Independent T test)
Doctor's grade: PRHO (91) SHO (110) SpR (57) Other grades (16)	PRHO (20.1) SHO (20.4) SpR (19.9) Other grades (20.5)	P=0.047 (ANOVA) F=1.134
Doctor's Specialty: A&E (26) Obstetrics & Gynaecology (11) Old Age medicine (20) General medicine (149) Surgery (65)	A&E (20.6) Obstetrics & Gynaecology (19.7) Old Age medicine (20.4) General medicine (19.9) Surgery (20.2)	P=0.087 (ANOVA) F=0.675
Doctor's place of training: Edinburgh (134) Rest of Scotland (48) Rest of UK (48) Other (35)	Edinburgh (20.8) Rest of Scotland (19.4) Rest of UK (19.9) Other (18.6)	P=0.003 (ANOVA) F=2.262

## Discussion

This study generated a high response rate. Doctors not replying would have been those who did not receive the questionnaire in spite of several visits to their department as very few doctors refused to complete the questionnaire. It was felt that non-responders would be unlikely to skew the results greatly.

Amongst the most alarming findings was that only 28% of doctors knew that an acute confusional state could be classed as a mental disorder. Acute confusion is common in a general hospital ward, occurring in up to 15% of all medical and surgical inpatients.<sup>10</sup> Learning disability, personality disorder and organic illness were wrongly considered not to be valid mental disorders by a significant percentage of trainee doctors. Knowledge about which risks were deemed valid for a detention was lacking. Mentally disordered patients may be at risk of severe physical ill health yet only 34.6% of doctors believed that this was a valid reason for detaining them. Only 21.3% of respondents knew that a Mental Health Officer was not essential for a detention. Twenty two point four percent of doctors believed that the Pre Registration House Officer (PRHO) grade could detain patients. Many respondents were unsure about detaining patients in their absence.

With regard to demographic data, a statistically but not clinically significant difference could be found between grades of doctor with SHOs scoring higher than Specialist Registrars and PRHO grade (p=0.047). No significant difference was seen between specialties although, perhaps unsurprisingly, accident and emergency staff tended to score better than obstetrics and

gynaecology trainees ( $p=0.087$ ). No significant difference existed between those who had previously detained a patient and those who had not ( $p=0.27$ ). It can be noted that of the 76 subjects who had detained a patient, 68 (89.4%) had done so in a general hospital as they had never worked in psychiatry.

With regard to origin of medical training, British graduates scored significantly higher than overseas graduates ( $p=0.003$ ) which could be accounted for by familiarity with different legal systems. From these results it appeared all groups needed targeting for more education. It could be argued that all doctors should be confident in applying a detention irrespective of specialty, grade or origin of training.

All of the above findings raise concern about the use and application of the Mental Health Act in the general hospital. While other studies have highlighted this issue, no study has looked at knowledge about the use of the Acts nor have they examined this population. While the discipline of liaison psychiatry continues to grow and increases the availability of psychiatrists in a general hospital, there will be undoubtedly situations where non-psychiatrists must appropriately apply an emergency detention. Indeed of the 183 doctors legally able to apply the Act in this study, 42% (76) had done so. As a Mental Health Act was introduced in Scotland in 2003, it seems imperative that doctor's knowledge is both current and complete. It may be felt that MHA issues should simply be deferred to psychiatrists but our findings underline the common use of the legislation by all doctors. Clinical experience has revealed patients illegally held against their will and in a time of litigious medicine this raises notable concern. Knowledge about emergency detention should not be exclusive to psychiatry and every doctor should guarantee the rights of and manage the risks to every patient.

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