Differences in mental health law training

Sir,

Following approval under section 12(2) of the Mental Health Act 1983, and discussions regarding mental health law training with approved social workers, and approved social worker students, it was striking that time spent learning about mental health legislation by approved social worker students and section 12(2) approved doctors differed significantly on their respective courses.

Local comparisons showed that the approved social worker approval course spends 7 days (38.5 hours) covering such topics as the legal definition of mental disorder, assessment, admission and detention under the Mental Health Act, consent to treatment, capacity, the mentally disordered offender, discharge from detention, Mental Health Review Tribunals, sundry provisions of the Mental Health Act and 'other relevant legislation'. The re-approval course dedicates three statutory days per annum of 5.5 hours each to looking at mental health legislation.

The local section 12 approval course spends just 2 days (12 hours) covering topics including mental health law, with the re-approval course spending 4.5 hours teaching topics including mental health legislation.

The judicial system in England and Wales emphasizes section 12(2) approved status when doctors dealing with the mental health of patients give evidence under Part III of the Act. Additionally, Bhatti et al (1998) have already suggested that knowledge of mental health legislation among section 12 doctors could at best be described as limited. Is it not time that doctors 'caught up' in terms of increasing the amount of teaching gained on section 12 approval courses, given that the volume of new mental health legislation is increasing at a geometric rate?

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Bhatti V, Kenney-Herbert J, Cope R et al (1998) Knowledge of current mental health legislation among medical practitioners approved under section 12(2) of the Mental Health Act 1983 in the West Midlands. *Health Trends* **30**(4): 106–8

A case of unilateral hypotension

Sir,

Desperate to get maximum experience in the management of medical emergencies as a senior house officer in accident and emergency, I thought that my luck had run out when I was asked to see an 88-year-old gentleman with acute cough and diarrhoea. He was hypotensive despite fluid replacement by the paramedics and nurses. When I went to see him in the cubicle, he was happily sitting and talking. I immediately increased the intravenous fluids, anticipating that this would solve the problem. While I was taking the history, he mentioned that he had some problems with the blood supply to his legs and was admitted for the same reason about 2 months ago. While I was speaking with the patient, my eyes constantly moved between the blood pressure monitor, the patient and the fluid resuscitation algorithm on the wall.

Just a few minutes had passed by when he began to complain of breathlessness. The chest X-ray showed that he had pulmonary oedema but to everyone's astonishment his blood pressure was still low. At this point my medical registrar thought that it would be a good idea to have a look at the last discharge letter. We were surprised to find that he had peripheral arterial disease with right-sided subclavian artery stenosis and the letter read 'Beware, his blood pressure is always low on his right side!'. We now realised our mistake – checking the blood pressure on the left side showed an increase in blood pressure.

I learned a valuable lesson about the importance of good history taking and getting the facts right before jumping to conclusions.

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Adam's apple: be aware of cultural beliefs

Sir,

This letter aims to highlight the beliefs and perceptions of some members of ethnic minority population about congenital illnesses. An Asian baby admitted for dehydration at 15 days of age was diagnosed with congenital adrenal hyperplasia. The condition and the need for ongoing care and treatment were explained in detail to the parents.

The mother was very upset about the diagnosis and attributed this to her consuming an apple (with the skin intact) during her pregnancy. This has been mentioned in ancient texts relating to Eve and being the reason for the downfall of God's son. The child was readmitted a few days later with poor feeding and the mother collapsed on the ward and required an ambulance to take her to accident and emergency. This was attributed to stress and she was discharged the same day. The baby's father was away in a foreign country and she had very little family support.

Religious beliefs and superstitions play an important role in the lives of the ethnic minority population. If there is also a language and social barrier these are hard for the family to express, especially the mother who is usually under immense pressure from the family, as more often than not the blame for the condition falls on her. Added to this can be the stress of coping without much support either from the family or her partner.

Identifying and addressing such beliefs can help lead to a favourable outcome. An interpreter, especially if they are from a medical background, can be invaluable in addressing such issues. The NHS is working towards this goal but recognition still plays an important role.

Hopefully support from appropriate agencies, awareness of this possibility by medical staff and also provision of information in the patient's own language will help improve the outcomes for this group of patients.

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