

Correspondence

BEHAVIOUR THERAPY

DEAR SIR,

I was particularly interested to read Dr. Oswald's report (January, 1965) on a fifty-four months follow up of a successfully treated mackintosh fetishist, because this is the type of patient I was concerned about in my letter of November, 1964, asking for a discussion of the criteria for diagnosing "mental illness" within the meaning of Section 26 of the Mental Health Act. If I am wrong in my interpretation, then it may be lawful to detain such a patient compulsorily, especially if a case can be made out for considering him a danger to others. He could thus be prevented from submitting himself to treatment such as Dr. Oswald has described, despite his wish to do so. In my view such detention would be unlawful. My opinion is certainly not shared by all other British psychiatrists, but I have been disappointed that no reasoned rebuttal of my argument has yet appeared.

F. P. HALDANE.

5 February, 1965.

[A reply to Dr. Haldane's earlier letter appears below.]

MENTAL ILLNESS UNDER THE MENTAL HEALTH ACT

DEAR SIR,

Since no other correspondent has so far ventured on a reasoned reply to Dr. Haldane's letter (November, 1964, p. 863) may I make my comments?

As Dr. Haldane says, the Law has its reasons; and these reasons do not have to be guessed at: they are clearly stated in the Report of the Royal (Percy) Commission and in the Parliamentary Debates on the Mental Health Bill, from which I will quote.

First, a few passages from the Report, on the meaning of "mental illness":

"The term mentally ill is applied to patients whose minds have previously functioned normally and who have become affected by some disorder, usually in adult life" (Para. 75).

"Mental illnesses, even of the same type, may vary in their severity. One person may overcome a mild depression without serious interruption of his normal life . . . another may be more deeply affected and unable to carry on . . . the first may pass unnoticed by his neighbours, they may describe the second as having a 'nervous breakdown' . . . but all are suffering from the same type of illness . . ." (Para. 80).

"Most mental illness is first brought to the attention of general practitioners . . . if not severe it may be treated by them" (Para. 89).

"The term 'mentally ill' is now generally used in everyday language . . . for patients who are certifiable as well as for others who are not" (Para. 182).

It will be seen that the Commission uses the term "mental illness" in its widest possible sense, and there is no question at all of limiting it to a departure from mental health of any particular degree.

Now, as to the conditions under which the use of compulsory powers is justifiable, the Report is equally explicit. They are (Para. 317, abbreviated):

- (a) . . . reasonable certainty of a pathological mental disorder, and
- (b) care cannot be provided by other means, and
- (c) patient's unwillingness probably due to lack of appreciation of his condition deriving from the mental disorder itself, and
- (d) either some prospect of benefit, or a need to protect others.

The Commission were confident that, if these criteria were adhered to, the medical profession could be trusted to use compulsory powers without any danger of abuse (Para. 325). They considered also that no formal definition was needed for any of the categories of mental disorder which they recommended, not even for the "severely subnormal" group; relying rather on "the consensus of opinion" regarding the individual patient (Para. 358).

Thus far the Royal Commission. The Government, however, felt that some more precise requirements were necessary (Mr. R. A. Butler in *Proceedings of N.A.M.H. Conference*, March 1958, p. 13). In drafting the Bill, they provided these in two ways. First, they introduced an intermediate requirement between the statement of the existence of a form of mental disorder and the declaration of the individual patient's needs; this, of course, was that the mental disorder, whatever its form, must be "of a nature or degree which warrants detention".

Secondly, they framed definitions for three of the categories used in the Act, but not for mental illness. As the Minister said in his introductory speech: "Mental illness needs no express definition in the Bill" (*Hansard*, 26 January, 1959, col. 710). And this was entirely in accordance with the general