



# A PSYCHIATRIST'S PERSPECTIVE

The drama at the heart of *Blue/Orange* still regularly plays out in psychiatric hospital wards to this day. Is the patient psychotic or are we failing to understand the distress of a confused, and confusing, individual who simply has a 'personality disorder'?

Twenty years ago when *Blue/Orange* premiered, British psychiatry had been struggling to understand the disturbingly high rates of Black patients on our wards. Not only were there many, many more than would be expected, but they were much more likely to be admitted against their will by being 'sectioned'. The NHS was also struggling with chronic underfunding, and public dissatisfaction with care in the community - the visibility of clearly disturbed individuals in the streets. Change was about to happen.

In 2000 the structure of British psychiatry had been relatively unchanged for 30 years. A Community Mental Health Team (CMHT) of mainly doctors, nurses, social workers and psychologists looked after a defined 'catchment' area of about 40,000 population. Anybody who needed mental health care, from depression to schizophrenia, was looked after by this team both in and out of hospital. The team was led by the consultant, and it took all comers. It was robust and simple, and its great virtue was that it offered continuity of care. You got to know your patients, and they got to know you. But there was growing dissatisfaction about its lack of specialisation and the intense pressure on inpatient beds.

In 2000 a radical change was imposed by the government. CMHTs were split into three functions - one team for first episode patients, an assertive outreach team for the most severely ill, and a crisis team for keeping people out of hospital. Continuity of care disappeared, and consultants chose either inpatient or outpatient jobs. The jury is still out on whether this is progress or not!





Despite the changes since 2000, the drama at the heart of *Blue/Orange* remains. People are complex. Patients are unique individuals with personal histories and aspirations, so diagnosis, or whether to section, will always ultimately have to rest on clinical judgments. Medical training is by direct 'hands on' experience guided by the senior doctor so the profession is inevitably hierarchical. The relationship between the young doctor and their consultant is consequently close, and it can be fraught. The challenges in *Blue/Orange* are still with us.

**Tom Burns, Emeritus Professor of Social Psychiatry, University of Oxford**

*"Schizophrenia is the worst pariah. One of the last great taboos. People don't understand it. They don't want to understand it. They make movies about junkies and alcoholics and gangsters and men who drink too much, fall over and beat their woman until bubbles come out of her nose, but schizophrenia, my friend, is just not in the phone book"*

**Robert in *Blue/Orange***

# A TIMELINE OF THE MENTAL HEALTH ACT

**The Lunacy Act 1845 and the County Asylums Act 1845** were the first forward motions in 'caring' for people with mental health. These acts ensured that there was an asylum for each county to deal with mentally ill people and it gave them the power to detain people that were not of "sound mind".

**The Mental Health Act 1959** was the first parliamentary Act on mental health that started treating the subject more seriously. This was the first legal move to treat mental health issues similarly to physical illness. There was some attempt to integrate mental health care with the wider NHS. It also removed promiscuity or other immoral conduct as grounds for detention.

However there were grey areas that needed clarifying. There was confusion over whether a legal detaining order for a person gave the hospital power to treat them against their will.

In 1961 the government declared the Victorian asylums should be closed, and their patients cared for in conventional hospital wards, or within the community. It took many years for the nation's asylums to be decommissioned – most weren't actually closed until the 1970s.

As the 1970s were in full swing, it was becoming more obvious that a specific legal framework was required regarding medical treatments for mental health, such as psychiatric medication, electro convulsion therapy, and psychotherapy.

**The Mental Health Act 1983** was brought in by parliament to try and tackle these legal requirements. It implemented controls on treatments for mental disorders, specifically including mood altering drugs, electro convulsion therapy, and surgery, making it clearer what treatment a hospital could give to a detained patient. In this Act the issue of consent was introduced. Although people could still be detained under The Mental Health Act if they were at risk of harm to themselves or others, most people being treated for mental health conditions at this time had voluntarily sought help. The Act also introduced social workers, who were specially trained in mental health care and also demanded the aftercare (by local health services) of mental health patients who were released from detention. This Act was amended in 1995, 2001 and finally in 2007.