In brief

Two die of avian flu: Two more people have died as a result of the H5N1 avian influenza outbreak, which is still spreading across South East Asia. In Vietnam a 14 month old boy died on 5 September, and three days later an 18 year old man in Thailand, who had close contact with infected fighting cocks, also died. The deaths bring the total to 29.

Websites are too complex to understand: Online health advice for people with diabetes is often too complex to understand, according to a study from Bath University of 15 internet health sites. NHS Direct Online was the hardest to understand, needing a reading age of an educated 16 year old. But the BMJ Publishing Group's BestTreatments scored closer to the reading age of a 9 year old—which is the average reading ability of people in the United Kingdom.

Frustrated junior doctors advertise their concerns: 270 junior doctors from the Berlin University Hospital Charité have taken out an advertisement in the German medical journal *Deutsches Ärzteblatt* threatening to give notice after changes in their job conditions, including a 10% pay cut. The Charité management says the pay cut applies to all 36 German university hospitals, not just Charité.

Lead safety levels may be set too high: More children in the United Kingdom may be affected by lead poisoning than previously thought, say toxicologists from the Health Protection Agency. They have called for more research to establish the exact level at which lead exerts dangerous effects in children, such as intellectual impairment.

Deaths in Sudan up to three times more than expected: Between mid-June and mid-August, up to three people per 10 000 died every day in some regions of Darfur, three times that expected during a humanitarian crisis, says the World Health Organization (www.who.int/en). Diarrhoea was a particular problem among children, and violence was responsible for 15% of deaths among young men.

Revised mental health bill fails to persuade patients or professionals

Lynn Eaton *London*

The latest government attempts to win over detractors of the controversial mental health bill, first proposed in 2002 but later withdrawn for redrafting after an outcry over its contents, seem to have failed at the first hurdle.

When health minister Rosie Winterton launched the revised bill last week professionals and patients' groups protested that the changes still didn't go far enough.

Health minister Rosie Winterton said the bill "strikes the right balance"

After the more than 2000 responses to the last draft bill (*BMJ* 2002;325:987) the government had made "some important changes," Ms Winterton said.

"I think we have a bill that strikes the right balance between an individual's need for treatment and the health and safety of others," she said.

Professor Louis Appleby, national director for mental health, acknowledged that the new act was "not a substitute for good services," adding that some 400 community based mental health teams were operating now that were not operating four years ago.

Under the new draft bill, forced treatment in the community—a proposal that had previously outraged patients' groups—would be possible only after a period of assessment in hospital.

Professor Appleby said that the provisions of the present act, which make it impossible to give someone compulsory treatment unless they are admitted to hospital, were distressing and frustrating for clinicians. "We have to wait until the patient deteriorates enough before we can take action. I think that is an unacceptable situation."

The bill also addresses the problem of people with personality disorders who, although they have not yet committed a crime, could be a danger to other people.

At the moment, to force treatment on a patient a psychiatrist has to show that the treatment will improve the person's symptoms. Under the new proposals psychiatrists would merely have to be convinced that the treatment they were proposing to give the individual was "clinically appropriate."

Someone with a personality disorder may have related mental health problems, such as depression or anxiety, for which treatment could be provided and a care plan issued, Professor Appleby said.

"It [the new bill] puts the clinicians in the position of deciding whether or not they

could section a patient with personality disorder," said Professor Appleby. "They [clinicians] have to provide appropriate treatment; they don't have to say that it would work."

The Mental Health Alliance, which represents more than 60 interested parties, from professional bodies such as the Royal College of Psychiatrists through to charities such as Mind and patients' representative groups, insisted the new bill would drive thousands away from mental health services.

Alliance chairman Paul Farmer said: "This will force professionals to bring too many people in for compulsory treatment, damage the trust that is so vital between doctors and patients, and lead to a bureaucratic overload on an already overstretched system."

Tony Zigmond, vice president of the Royal College of Psychiatrists, said it was "disingenuous" to talk about offering services to people with a personality disorder.

"The point here is should it be forced on them?" he asked. "If people are capable of making a decision for themselves [whether or not to accept treatment offered] they should be left alone to make that decision." □

A parliamentary committee has been set up to scrutinise the bill, reporting by March 2005. For further details see www.parliament.uk/parliamentary_committees/jcdmhbcfm

The bill is accessible at www.dh.gov.uk/PolicyAndGuidance/fs/en

Proposals under the revised mental health bill

- Forced treatment in the community will be possible only after an initial period of hospital assessment
- Patients will be able to nominate their own representative rather than being forced to use the traditional "next of kin"
- Patients will be able to have access to an independent advocate
- Patients must be given a care plan within five days of being sectioned
- The NHS will be given a duty to respond to any reasonable request for assessment
- Patients who have the capacity will be allowed to refuse electroconvulsive treatment
- The Mental Health Act Commission, which monitors standards in psychiatric hospitals, will be abolished and its work carried out by the Healthcare Commission
- An additional 900 staff, including 130 more psychiatrists, will be needed to operate the new safeguards
- Community treatment orders will not be used in prisons