



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

**NEUROSURGERY FOR MENTAL DISORDER  
REPORT BY CRAG WORKING GROUP ON MENTAL  
ILLNESS**

**Summary**

1. This Report reviews the use of neurosurgery for mental disorders against a background of low but stable frequency of such operations in the United Kingdom. The Report's recommendations on policies and procedures should also facilitate the collection of prospective data on the specificity and effectiveness of neurosurgery for mental disorders. The recommendations are attached in the Annex.

2. The Management Executive endorses the main recommendations on good practice, and that neurosurgery for mental disorders should be conducted in Scotland at only one centre. Further consideration is being given to the case for changes in legislation in relation to recommendations 3 and 4, and to the case for establishing a standing advisory committee (recommendation 16). The Scottish centre specified for neurosurgery for mental disorders is the Dundee Teaching Hospitals NHS Trust.

**Action**

3. Purchasers and providers are asked to note the report's recommendations and to implement them as appropriate.

\* AVAILABLE FROM GD LIBRARY

ISD LIBRARY B044  
Common Services Agency  
NHS in Scotland  
Trinity Park House  
South Trinity Road  
Edinburgh EH5 3SQ

September 1996

**Addressees**

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4. Providers should review local referral protocols in line with the recommendations of this Report.
5. Health Boards in liaison with the Dundee Teaching Hospitals should ensure that the good practice guidelines outlined in the Report are in operation locally.
6. Health Boards are asked to draw this to the attention of GPs in their area.

Yours sincerely



**KEVIN WOODS**  
Director of Purchasing

## RECOMMENDATIONS

1. Subject to existing and recommended additional safeguards and procedures, neurosurgery for mental disorder should continue to be available in Scotland, but only as a treatment for intractable obsessive compulsive disorder and affective disorders (eg major depressive illness). (*Paragraph 67*)
2. A prospective evaluation of the effectiveness of neurosurgery for mental disorder should be carried out. This evaluation should include research into and audit of operations and their outcomes by independent people not involved with the patients' treatment. If the evaluation does not support the case for neurosurgery for mental disorder then such operations should no longer be performed. (*Paragraph 71*)
3. Section 97 of the Mental Health (Scotland) Act 1984 (which, in the case of a detained patient, provides for certification by the Mental Welfare Commission for Scotland of the appropriateness of proposed neurosurgery for mental disorder and the patient's understanding of and consent to it) should be extended to informal patients by legislation. Until then the present informal arrangements together with the good practice guidance recommended in this report should apply to informal patients (*Paragraph 95*)
4. Neurosurgery for mental disorder should be able to be performed on patients who are incapable of giving consent to it, provided they do not resist or oppose it. Each operation on an incapable patient should have to be authorised in advance by a sheriff specially trained to deal with such applications. The sheriff should have to be satisfied that the proposed neurosurgery for mental disorder was clinically appropriate and that the patient was not resisting it, was incapable of consenting to it and was likely to continue to be incapable of consenting in the foreseeable future. The patient should be properly represented and his or her views and the views of others with an interest in the patient's welfare should be sought and taken into account. (*Paragraph 105*)
5. As a matter of good practice the Mental Welfare Commission's certification procedures for neurosurgery for mental disorder under section 97 of the Mental Health (Scotland) Act 1984 should be carried out:
  - (a) in the case of a patient being referred from a hospital within Scotland, shortly before that patient transfers to the treatment centre,
  - (b) in the case of a patient from a hospital outwith Scotland where it is impracticable for the Commission's appointees to visit that hospital, some time after the patient has settled in at the treatment centre. (*Paragraph 108*)
6. The certificates issued by the Mental Welfare Commission under section 97 of the Mental Health (Scotland) Act 1984 should cease to be valid after the expiry of six months from their date of issue. (*Paragraph 110*)
7. The Mental Welfare Commission should continue its practice of appointing a medical commissioner and two non-medical commissioners to deal with the certification under section 97 of the Mental Health (Scotland) Act 1984. A small panel of medical and non-medical commissioners should be set up from which people would be selected to deal with a particular case of neurosurgery for mental disorder. Members of the panel should be provided with proper training and guidance by the Commission. (*Paragraph 112*)

8. As a matter of good practice neurosurgery for mental disorder should not be performed on patients below the age of 20. *(Paragraph 115)*
9. Written protocols should be drawn up to provide for an extended period of assessment and treatment before a patient is considered for neurosurgery for mental disorder. The protocols should not be prescriptive and a departure from some of their provisions should be permissible in clinically appropriate cases. *(Paragraph 126)*
10. A detailed patient factsheet written in a language that prospective patients can readily understand should be provided by the Scottish centre. This factsheet should clearly set out the advantages and disadvantages of neurosurgery for mental disorder and should explain the possible risks as well as the likely beneficial effects. *(Paragraph 128)*
11. Health care professionals should take steps to ensure that patients for whom neurosurgery for mental disorder is being considered have early access to suitably trained patient advocates to allow the relationship time to develop. *(Paragraph 129)*
12. The base hospital's programme of rehabilitation for patients who have undergone neurosurgery for mental disorder should be developed and implemented in collaboration with the Scottish centre. *(Paragraph 133)*
13. A Scottish centre undertaking neurosurgery for mental disorder should be required to undertake a long term follow-up of its patients. *(Paragraph 134)*
14. There should be only one centre in Scotland providing neurosurgery for mental disorder. *(Paragraph 148)*
15. A Scottish centre carrying out neurosurgery for mental disorder should publish an annual report of its activities. *(Paragraph 150)*
16. A Standing Advisory Committee with lay and clinical membership should be established. Its functions should include the following:
  - (a) to receive annual reports from the Scottish centre as to the neurosurgery for mental disorder operations performed there;
  - (b) to ensure the outcomes of such operations are properly and independently evaluated;
  - (c) to approve other mental disorders for which neurosurgery for mental disorder would be available as a treatment;
  - (d) to advise and assist the Scottish centre in the development of the assessment and treatment protocols;
  - (e) to provide independent advice to purchasers;
  - (f) to encourage and monitor the audit of NMD;
  - (g) to liaise with other bodies having similar functions in other countries; and
  - (h) to maintain an overview of neurosurgery for mental disorder and the Scottish centre generally. *(Paragraph 151)*