

Parliamentary News

(October—December 1980)

Mentally abnormal offenders

Rampton Hospital

On the day the Boynton Report was published, 11 November, Mr Jenkin made a formal statement in the Commons, summarizing the report and giving his Department's views. Early in his statement he mentioned the recommendation that there should be 'a body to inspect and monitor all institutions where patients are detained under the Mental Health Act', and said that he was considering how 'effective monitoring of all health services' could be established. He would have more to say about this when replying to a report of the Select Committee at a later date.

Numerous questions were put to Mr Jenkin—in effect short speeches—which were answered individually. Asked by Mr Moyle whether he thought the recommendations would improve the 'individual relations atmosphere', Mr Jenkin replied that the staff had now accepted the need for changes in traditional attitudes and practices. Mr Ashton, the member for the constituency in which Rampton is situated, tried to assert that as the review team had found no evidence of ill-treatment this proved that none of the abuses alleged in the Yorkshire Television feature were standard practice; but it was pointed out that these accusations were not within the remit of the team and were the subject of police investigation.

In the course of the discussion, Mr Home Robertson alleged that 'one of the stars of the television programme was subsequently transferred and immediately went out and murdered one of my constituents'. He thought that the attention given by the press to this patient might have contributed to his disturbed state of mind.

Mr van Straubenzee asked if the medical director to be appointed to Rampton would have the same position and powers as the physician-superintendent at Broadmoor, and in his reply Mr Jenkin referred to Dr McGrath's 'unparalleled reputation' and expressed the hope that they might find someone of his calibre to run Rampton.

Mention was also made of the report on psychiatric training at Rampton made by the JCHPT. This had been the subject of a previous parliamentary question, it being contended that action should have been taken on the report; it had in fact been communicated to the Boynton team.

[A review of the Rampton Report appeared in the *Bulletin*, January 1981, p 15.]

Other Special Hospitals

In a written reply on 11 December, a full analysis was given of patients in Special Hospitals who have been recommended for transfer—209 in all, of whom 132 are at Rampton. Patients who have been waiting for over four years number 23, all but one at Rampton.

Other questions related to young people detained in the Special Hospitals. In particular there was a reference to a Granada programme entitled 'Life for Christine'. Sir George Young announced that the advice of the Mental Health Tribunals would be sought periodically on patients under the age of 16, of whom there are at present three.

Regional secure units

On 3 December, in a written answer, particulars were given of developments in the provision of secure units. It was stated that health authorities had 'developed ideas and practices which include a range of facilities' to deal with the patients concerned, and some of these might become permanent features of the psychiatric service. The first permanent unit, at St Luke's Hospital, Middlesbrough, and 14 other units were listed, with a total of 382 places, the aim being to provide 1,000 places in England.

In the course of the Rampton debate, Mr Jenkin mentioned 'a curious misunderstanding by nurses in particular' who believed that the units were 'assessment centres where patients are sent in the interim', whereas they were really 'interim' in the sense of functioning until a permanent unit could be built.

Prisoners and persons on remand

On 30 June 1980 there were 250 sentenced and 204 unsentenced prisoners who were considered to be mentally disordered.

An analysis of suicides in English prisons between 1970 and 1979 was given on 3 December. The numbers have fluctuated between 6 and 21 and on the whole appear to be rising.

In the Lords on 10 October, Lord Avebury raised the question of remands in custody for psychiatric examination and quoted a MIND opinion that the numbers were grossly excessive. The number of such remands is actually falling. It was suggested that there was a problem of the availability of psychiatrists for this work.

A deplorable sequence of events was described in a long written answer on 17 December by the Secretary of State for Scotland. A man known to have a record of violence had been remanded by a Glasgow court to a psychiatric hospital, and in spite of a medical report that he was mentally normal he was again remanded, illegally, to the same hospital. The position being uncertain and the man being well-behaved, he was allowed parole within the grounds, whereupon he absconded and on the same day committed murder in a crèche attached to another hospital. Mr Younger gave a detailed account of steps that had been taken to prevent any recurrence of such mistakes.

Shoplifting

Following the reports of the case of Lady Barnett, who

committed suicide after being convicted of shoplifting, the subject was raised in both Houses.

In the Lords, Lord Whaddon began by putting a question about discretion in deciding on prosecution as against cautioning. In relation to mentally disturbed offenders, Lord St Davids pointed out that such persons were likely to plead not guilty, and so could not be cautioned or helped without being put on trial. Lord Cosford said that Age Concern had reported 16 cases of suicide among elderly people in connection with shoplifting.

In the Commons, Mr Greville Janner was given leave to introduce a Bill to abolish private prosecutions for theft from shops and requiring investigation of the circumstances before the prosecution of pensioners for this offence. The Bill had made no further progress by the Christmas adjournment.

Mental Health Services

A written answer on 12 December gave some particulars (available beds, bed occupancy, and cost per in-patient day) for psychiatric hospitals in Greater London. The largest hospital is still St Bernard's, with 1460 beds. There is a fairly wide variation in daily cost between the large hospitals, ranging from 16.5 at Cane Hill to 22.4 at Friern.

Asked about provision for geriatric and psychogeriatric patients in areas of increasing need, Sir George Young claimed that this was being fully taken into account. The budget for joint funding between NHS and local authorities was being increased by 16 per cent in real terms. A White Paper on the elderly would be published in 1981.

In this connection figures given on 6 December for the numbers of over-75s per 1000 population in each English county are of interest. The lowest figure is 40.1 in Bedfordshire, the highest 101.1 in East Sussex.

Mental handicap and children

The results of the review of the 1971 White Paper were published on 10 December under the title: 'Mental Handicap: Progress, Problems and Priorities' (for review see page 56). Follow-up action will be concentrated on a few key areas such as children in large hospitals, day care for the severely handicapped and services for those with additional special needs. The DHSS and local authorities are being urged to devise alternatives to hospital care for children, and £1 million is being offered to match funds raised for local

projects by voluntary bodies.

Questions on *hyperactive children* appear in the reports of both Houses on successive days (28 and 29 October). The Commons question was linked with a suggestion about additives in manufactured foodstuffs. In the Lords' written answer, it was stated that the prevalence was about 1 in 1,000 among 10 and 11 year olds, which was much lower than that in the USA.

Treatment

A debate on 2 December on the proposed further increase in prescription charges was conducted on the usual lines of recrimination between opposing parties, and without any mention of the needs and problems of psychiatric patients.

Hostile questions about psychosurgery and ECT have become almost a ritual. Mr Cartwright on 11 December wanted evidence to justify the continuance of psychosurgery and called for an independent inquiry. On 28 November, Mr Shurman wanted the use of ECT restricted and its 'victims' compensated. The replies were on the usual lines; it was stated that in 1979 some 24,000 courses of ECT had been completed. Replying on 16 December to a question about unmodified ECT, Dr Vaughan quoted a letter to the *BMJ* by the College's President, explaining that the College guidelines assumed that normally ECT would be given 'modified'.

Miscellaneous

Asked on 13 November what measures were proposed to protect patients from unqualified psychotherapists, Sir George Young replied that there were no such plans, and mentioned that Dr Vaughan had recently met the chairman of the working party on the registration of psychotherapists and the President of the Royal College of Psychiatrists to discuss the registration problem.

Professor I. R. C. Batchelor has been appointed a member of the new Central Council for Nursing, Midwifery and Health Visiting.

The only questions relating to alcoholism and addiction referred (4 December) to the hostels which are being supported by local authorities after the cessation of Government grants, and to glue-sniffing among young people, which was stated to occur 'in limited and scattered outbreaks'.

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Joint Committee on Higher Psychiatric Training

The Joint Committee's Second Report is now available at £1.00 per copy. Cheques/postal orders should be made payable to the Joint Committee on Higher Psychiatric Training and sent to Mrs C. Ross, at the College.