

There are unknown numbers of individuals who are at present dealt with by non-medical agencies who would be likely to be referred to forensic psychiatry centres and clinics if they existed in the NHS.

Figures are not available for the number of cases of juveniles assessed at remand homes for the courts and for the number of cases subsequently placed on treatment orders or who require psychiatric treatment. Figures are also required for adolescent delinquents in other settings.

#### (d) *The Development of Psychiatric Services*

The publication of the Interim Report of the Committee on Mentally Abnormal Offenders, together with the revised DHSS Working Party Report on Security in NHS Hospitals (both July 1974), provides guidance for the future development of forensic psychiatric services in England and Wales which goes some way towards dealing with some of the problems indicated above.

The Butler Report advocates the provision, as a matter of urgency, of secure hospital units in each Regional Health Authority area (14). The Butler Committee sees these units as centres for the development of forensic psychiatric services, and they should be the focus of co-ordination of the services dealing with mentally abnormal offenders, leading to close co-operation among them. The centres will have an essential role in training and research and should be closely associated with the universities. As well as providing in-patient services for specified groups of patients the new units will provide facilities for court assessments during remand and will be associated with out-patient forensic psychiatric clinics. The Butler Committee is strongly in favour of increasing the number of appointments of consultants in forensic psychiatry jointly between the prison medical service and the health service. It recommends that an initial target of 2,000 secure places should be provided in the units to provide for the needs of the NHS, the Special Hospitals and the prisons and for in-patient assessments for the courts. The Department of Health has at present authorized the commencement of planning for 1,000 such beds in England and Wales, to be followed by an increase to the figure

recommended by the Butler Committee if the need is 'confirmed by experience as and when resources permit'. The recommended size of in-patient units should be in the range of 50-100 places. In some cases they should be larger.

The figures quoted in the Butler Report are derived from estimates of the Departmental Committee that there is a need for 20 secure beds per one million population (i.e. 1,000 places). The Butler Committee considered this an under-estimate and that a minimum of 2,000 places is required. The Department's Committee made their estimate upon the number of patients in NHS psychiatric hospitals in 1970 who required treatment in secure accommodation, and thought this might be about 1,000 patients. The Butler Committee has added to this figure a requirement to answer the needs of other groups, in prisons, Special Hospitals and elsewhere who would also require such facilities.

#### REFERENCES

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## PARLIAMENTARY NEWS

(to Easter Recess, 1975)

(As reported to the Public Policy Committee)

### Legislation

A Bill making a minor amendment to the *Mental Health Act* was given a Second Reading on 24 January and has since been passed by the House of Commons. In future if a patient previously classified as a case of mental illness or severe subnormality is reclassified to psychopathic disorder or subnormality after the age of 25 he may continue to be detained if after examination he is considered likely to act in a dangerous manner if discharged. This will be subject to appeal to the Mental Health Tribunal, and to the

statutory two-yearly reports continuing to indicate that the patient is dangerous.

In the brief debate, Dr. Owen gave the Department's views on the future of the Mental Health Act. Amendments will be considered in the light of suggestions from the R.C.Psych. and the N.A.M.H., and of the forthcoming report of the Butler Committee, and a consultative document will be issued.

On 5 March a private member's Bill [Protection of Mentally Retarded Persons (Evidence)] was given a First Reading. It seeks to make more stringent the

rules governing police interviews with suspects who are subnormal or severely subnormal, in order to avoid mistakes, particularly with confessions.

### **Mental Health Services**

On 27 March Mr. C. Parkinson initiated an Adjournment Debate in which he spoke about the problems facing the mental illness and subnormality hospitals, particularly in Hertfordshire: firstly the failure to develop the community care services envisaged by Government policy, and secondly the attempts to relieve overcrowding by creating smaller wards (he instanced Harperbury Hospital) while failing to provide for the displaced population. He quoted Dr. R. D. Scott's plea for research into the question of 'just what sort of facilities are needed', what were the 'best pathways to the rehabilitation of different types of patients; he had found that some patients got worse when transferred to hostels. Mr. A. Jones, for the D.H.S.S. said the Government were committed to improving mental subnormality hospitals, and mentioned two research studies now in progress evaluating forms of residential care and the planning of services.

In a written answer it was stated that the national average number of psychiatric beds for England was 3.55 per 1,000 population; in the four Thames Regions combined it was 4.22, elsewhere it was lower.

On 3 March, Mr. M. Spicer initiated an Adjournment Debate on the future of St. Wulstan's Hospital, Malvern. Much praise was given by him and other members to the rehabilitation work carried on there. But Mr. Jones, for the D.H.S.S. explained that the buildings and equipment at St. Wulstan's would need to have a great amount spent on them if the hospital was to remain in being, and that rehabilitation units were now established in many other hospitals. The future of St. Wulstan's was therefore being 'reviewed' by officers of the Health Authorities concerned, but no decision had yet been taken.

In a written answer on 3 March it was stated that the numbers of psychosurgical operations performed in England and Wales had gone down from 380 in 1966 to 170 in 1972.

### **Mental Handicap**

On 26 February in a written answer, Mrs. Castle made a statement on Government policy. They had rejected suggestions for unifying hospital and local authority services in a new national service, or alternatively transferring mental handicap hospitals to local authorities. They would maintain the policies of the White Paper, but to stimulate changes they were setting up a National Development Group, with advisory functions, under the chairmanship of

Prof. Mittler, and also a small 'development team' to provide specialist information and take the place of the Hospital Advisory Service as far as mental handicap was concerned.

There will also be established an inquiry into mental handicap nursing (following up the ideas of the Briggs Report) under the chairmanship of Mrs. Peggy Jay. Lastly there will be further consultations on the role of the medical specialist in mental handicap, with a view to giving doctors a wider field of activity in areas or districts with 'a role that meets the needs of patients and is challenging and clinically satisfying'.

It was stated (5 February) that the number of patients in mental handicap hospitals in England and Wales had fallen from 58,000 in 1970 to 54,000 in 1973.

A number of questions on details concerning mental handicap services were given written answers on 5 February. In particular, a table was provided showing, per 100 patients, the ratios of staff in ten categories. It appears, for instance, that the Oxford and East Anglian Regions are the best off for doctors.

On 26 February, in the House of Lords, the Countess of Loudoun asked about children in mental handicap hospitals who could be better provided for in the community. She was told that there were altogether some 6,000 children in the hospitals, but at least half had disabilities which made hospital care essential; places for some of the others were being provided slowly.

### **Special Hospitals**

On 3 February, in the Lords, Baroness Fisher of Rednal asked a question, which led to a minor debate, on 'mentally abnormal offenders' and what action was being taken to help the courts in dealing with those who needed both secure detention and psychiatric treatment. The usual reply was given relating to the building of a fourth Special Hospital, rebuilding of Broadmoor, etc., and Lord Wells-Pestell, representing the Department, persistently spoke as if the question had referred to 'subnormal' offenders only.

Previously, on 12 and 19 December, a number of written answers were given relating to Special Hospitals: on the few teen-agers at Broadmoor (youngest 16), and the even fewer younger boys and girls (four, aged 12-14) at Moss Side; and on the legal status and nature of offences of the whole of the Broadmoor population, which were set out in tabular form. At the time, the Broadmoor nursing staff were taking action 'to reduce physical contact' with patients, because of a successful private prosecution of a nurse by a patient for alleged assault.

## **Alcohol and Drugs**

There was a debate in the House of Lords on 19 March, initiated by the Earl of Kimberley, who described himself as a recovered alcoholic. It cannot be said that anything new or constructive emerged, but it was certainly emphasized that the alcoholism problem is still a growing one. Thus, drunkenness convictions rose from 75,000 to 99,000 in the years 1958–73, and those for persons under 18 from 1,880 to 4,725; and deaths from cirrhosis of the liver have increased by 33 per cent.

The composition of the new Advisory Committee on Alcoholism was announced on 26 March. The Chairman is Prof. W. I. N. Kessel, and the members include Prof. Trethowan and Drs. Bluglass, D. L. Davies and Griffith Edwards.

A Modification Order has been made under the Misuse of Drugs Act, adding difenoxin and Bromo-STP to Class A in the list. The latter is a hallucinogen, and its misuse has become a matter of concern.

It was stated in a written answer on 27 February that in the last year about 8,350,000 prescriptions for barbiturates had been dispensed; the Barbiturates Working Group advised that a considerable reduction

in barbiturate prescribing was desirable and a campaign is being mounted accordingly.

## **The Scientology Report and Psychotherapy**

On 25 February, in a written answer, Mrs. Castle stated that she had informed the organizations concerned that she remained unconvinced of the benefits that might result from statutory registration of psychotherapists.

## **Huntington's Chorea**

On 19 March Mr. Peter Walker initiated an Adjournment Debate on the subject of this disorder, from which he believed up to 6,000 persons might be suffering. He wished the disease to be made notifiable and asked that many patients should be provided for in other than psychiatric or geriatric hospitals; that more research should be done; that doctors and social workers should be more fully briefed; and that attendance allowances should be more liberally given. He emphasized the stresses and anxieties of affected families. Dr. Owen replied in sympathetic but general terms, promising to consider most of Mr. Walker's suggestions.

## **RESEARCH COMMITTEE** **Course in Research Methodology**

It is proposed to hold a two- or three-day course in research methods, probably in the South of England, during the Easter recess in 1976. The course would be designed for all trainees in psychiatry particularly interested in research and would serve as an introduction to a wide range of methods. It is hoped that the course would be approved so that fees and expenses for those attending would be reimbursed by the DHSS.

Before final arrangements are made, however, we would like to have some idea of the number of people who would be interested in attending such a course. If you are interested please write to me at The Institute of Psychiatry, De Crespigny Park, Denmark Hill, London, SE5 8AF. Further details will be notified subsequently.

MALCOLM LADER,  
*Secretary, Research Committee.*