

novel idea (at least I think it's novel, but maybe it isn't—and that is whether there is a case for a third type of compulsory 'social treatment'. There is compulsory confinement with attempts at rehabilitation in the legal setting for persons who have committed crimes; and there is compulsory medical treatment for persons suffering from mental illness susceptible to treatment (or hopefully so). We are all familiar with awkward in-between groups of persons (for example, some psychopaths and mentally handicapped people) who can't be dealt with by the Courts because they commit no crime or only trivial offences, and who aren't mentally 'ill'—but they are clearly incapable of looking after themselves in open society at least for much of the time, and they cannot or will not accept informal, voluntary care. Is there a case for compulsory treatment on social grounds only, without reference to 'illness' and therefore nothing to do with doctors or hospitals? The germ of this idea already exists in Guardianship powers of somewhat draconian form which we are reluctant to use, and even the various watered-down alternatives in the White Paper are not being greeted with much enthusiasm by psychiatrists.

Several years ago I suggested that psychologists and sociologists should try broadening and lengthening their training, making the psycho-social equivalent of the teaching hospital out of an amalgamation of clinical, educational, forensic psychologists' work, together with social service departments. The idea attracted some attention as several members of the British Psychological Society were already interested in similar plans for what they still call 'applied psychology'. (I think this is a misnomer—one might as well refer to medicine as only applied physiology). However, I don't think anyone had thought of such a psycho-social organization having legal powers to compel 'treatment'—it's a slightly macabre thought that if such an idea goes ahead, legislation should be effective by 1984.

I'm sure many of you noticed that the College reached a new pinnacle of fame by being mentioned in Trog's strip cartoon, 'Flook'. Perhaps that's something to do with the fact that the chief College Officers are now Tom and Jerry, who at least save us from some of the worst excesses of the Slough of

Des Pond.

PARLIAMENTARY NEWS

AMENDING THE MENTAL HEALTH ACT

The process of amending the Mental Health Act of 1959 is taking two different forms. In the first place, Mr. G. Pattie's Bill making limited changes received its Second Reading in the Commons on 2 February. Secondly, a full debate on the Government's White Paper took place on 22 February and the Government's intention—if returned to power at the forthcoming General Election—is to introduce an Amending Bill in the ensuing session.

The College's comments on the White Paper were published in the April issue of the *Bulletin*, and representatives of the College met members of the Parliamentary Mental Health Group on 14 February.

At the time of the Second Reading of Mr Pattie's Bill it was not known whether there would be an opportunity for a further debate on mental health subjects, and therefore discussion covered a wider range than the actual provisions of the Bill, and much of what was

said was repeated in the later debate and so does not need summarizing separately.

Mr. Pattie's Bill

There are four proposals in the Bill, of which the first is to halve the length of the statutory periods of detention (i.e. to six months in the first instance and so on), and so also double the occasions on which a patient may appeal to a Tribunal. Mr. Pattie (and other Members) spoke of the need to 'improve Health Authority monitoring', as already suggested in the White Paper.

The second proposal is to amend Section 65, so that the purpose of the restriction on discharge should be 'the protection of the public from serious harm'. It appeared that in the past the Courts had made too many restriction orders where this was not really necessary.

Thirdly, it is proposed that a direction for the transfer of a patient from prison to hospital should have effect only until the 'earliest date of release', taking normal remission into account.

The last proposal is to take away all powers of withholding mail in the case of informal patients.

Mr Pattie's exposition received general support. *Sir Derek Walker-Smith* recalled his own part in introducing the Mental Health Act and agreed that experience justified the proposed changes. *Mr C. Irving* pointed out that there were no provisions for withholding mail in the Northern Ireland Act. *Mr R. Hodgson* spoke about the definition of 'serious harm', which he thought should be wider than that suggested in the Butler Report. *Mr T. Litterick* complained of the inadequacy of community care facilities in Birmingham, which he thought the worst in any large city. *Mrs L. Chalker* mentioned, among many other problems, the psychological harm done to children by the presence of a mentally disturbed person.

In winding up the debate *Mr Moyle* referred to the resource implication of the proposals, e.g. the increased work of Tribunals.

It was mentioned in the course of the discussion that the proposals in the Bill were fully supported by the College.

Further remarks by the above and other Members were on the same lines as those made in the later debate.

Review of the Mental Health Act 1959

This debate was on a formal motion by Mr Ennals to take note of the White Paper.

Mr Ennals referred to the Government's previous 'Better Services' Papers, and admitted the shortcomings in local authority services; on the other hand the numbers of mentally handicapped children in hospital had fallen to below target level, and the number of day hospital places had risen rapidly. He dealt with criteria for compulsory admission to hospital, and explained that mental handicap was to be retained within the Act because a small number of such persons needed detention to ensure their proper care even if their mental handicap was uncomplicated. Turning to the question of imposed treatment he justified the establishment of 'multi-disciplinary panels' from which second opinions should be obtained on the ground that the overriding of a patient's rights was not solely a medical matter. There would be further discussions with the professions on the membership and methods of the panels. The proposed amendments would clarify patients' rights and remove uncertainties about the legal position of staff.

At this point *Mr Kilroy-Silk* intervened to ask what

was being done about the right to treatment of patients now in prison and refused admission to NHS hospitals, and Mr Ennals agreed that the NHS had an obligation to provide services to meet a variety of needs, including those of 'difficult' patients.

Mr Ennals went on to deal with proposals concerning guardianship. The aim of the reforms generally was to provide 'a clear and balanced legal framework' to support the Mental Health Services.

Dr Gerald Vaughan, for the Opposition, said that the 1959 Act provided that psychiatric hospitals should be 'for treatment only', whereas they were still being used for care and custody. He quoted criticism from MIND, from the BASW and others who thought the proposals 'myopic' and 'woolly' and warned that the real problem of the Mental Health Services was the poverty and inadequacy of what was provided rather than the legal aspects. This, coming from the Opposition spokesman, at once led to the usual recriminations as to which Party favoured an increase and which a reduction in public expenditure. He felt that mental handicap should be 'removed from the psychiatric sector' and asserted that this was the view of junior doctors working in psychiatry. He approved of the White Paper's reversion to a demand for specialized social workers: 'the generic social worker has been a total disaster'. As regards imposing treatment he thought that the question of consent was already settled by the fact of compulsory detention. Nor did he like the proposal for the multi-disciplinary panel (as distinct from the hospital's own multi-disciplinary team).

Mr E. Moonman (the Chairman of the Parliamentary Mental Health Group) criticized the way patients had become pawns in a conflict between local authorities and 'the medical profession' by refusal of admission or by premature discharge. He urged that, besides patients and staff, the protection of relatives and the public should not be forgotten, instancing the obstacles raised to the establishment of regional secure units. He pointed to the resource implication of the White Paper, and in this connection quoted the 'fine aide-mémoire' of the College.

Sir David Renton, who is Chairman of the National Society for Mentally Handicapped Children, pleaded for separate legislative provisions for mental handicap. He thought the references to mental handicap in the College's comments were inadequate ('a couple of ill-informed paragraphs') and reactionary.

Mr R. Kilroy-Silk made a lucid and vigorous speech on his special interest—the mentally disordered offender. He went over the familiar ground of the rejection of such patients, whether initially or on

proposed transfer from prisons or Special Hospitals. Hospitals should not be run for the benefit of doctors or other staff and certainly not for the benefit of trade unions. He referred to evidence given by an official of the DHSS to the Expenditure Committee, which suggested that the Department had been unaware of the problem.

Mr G. Gardiner also thought that the staff of mental handicap hospitals wished compulsory powers of detention to be abolished except where there was a complicating 'psychiatric condition'. He, too, expressed surprise at the College's being 'pleased to note that mental handicap is to remain under mental health legislation', for which he said no argument had been presented (ignoring all the College's previous memoranda).

Mr C. Price thought that the Royal College of Psychiatrists was never willing to admit that the study of mental disorder was in its infancy, and that the College should show 'more humility'. He believed the time would come when all modern physical treatments would be looked on as having been barbarous. He referred to the procedure adopted at the Maudsley Hospital before 'sectioning' a patient. In complete contrast to Dr Vaughan he hoped that doctors would insist less on their treatments and allow hospitals to become 'true places of asylum' for patients who 'desperately want a place where there are people to look after them'.

Mr Graham Page mentioned 'horrifying facts' given him by a retired senior social work adviser for mental health concerning the action of junior untrained social workers.

Mr G. Pattie supported the exclusion of the mentally handicapped from the proposed legislation. The 'report' of the College was an extremely good one except for its sensitiveness to the comments of MIND. The College was unfairly criticized as being enthusiastic for compulsion and the denial of patients' rights, while MIND was reckoned to be obsessive about these rights. He criticized the College's use of the word 'relegate' in the sentence 'relatives should be encouraged... to be involved... rather than to relegate this to a professional group', which he thought derogatory to social workers*. He had more to say about the obstacles to secure units, mentioning 'the campaign of obstruction being waged at Prestwich by the NUPE branch secretary, one of the hospital cooks.'

Mr M. Spicer said that the chapter in the White Paper dealing with offender patients was riddled with paradoxes. The dilemma faced by the authorities was

*But one definition of 'relegate' is 'to refer to another or others for decision or action'. *A. W.*

partly of their own making and partly the fault of the psychiatric profession which 'had dithered around, giving conflicting advice' and was 'clouding its uncertainties and indecisiveness in the most obscure jargon'—which would, however, be acceptable 'if it were not put over with such arrogance'.

Mr S. Ross supported the proposal to allow Tribunals to make recommendations other than for immediate discharge. He also supported the proposal (not in the White Paper?) that mental hospitals should have a positive duty to admit patients.

Mrs Lynda Chalker spoke about the inadequacy of the White Paper's chapter on resources. She suggested (as Mr Moonman and Mr Pattie had already hinted) that it might be well to proceed with reforms in more than one stage, dealing first with agreed changes in the law and going on to changes in the way the mentally disordered were helped. She, too, wanted mental handicap to be dealt with separately, but she could make no definite suggestion when Mr Ennals asked her whether she wished there to be two separate laws or one law excluding compulsion for the mentally handicapped. Continuing, Mrs Chalker said that she was glad to see that the Royal College of Psychiatrists supported the idea of guardianship in principle, but could not understand why the College thought it 'impractical'. As regards imposed treatment she did not believe that any Act of Parliament or guidance from the DHSS could cover every case. She thought the practice at the Maudsley Hospital, where decisions by multi-disciplinary teams were taken in advance for contingent difficult situations, was excellent and the staff were confident about how to act.

Mr Moyle, winding up the debate said that the Government intended to consider the wider issues of Mental Health and was 'putting forward an extensive number of documents' about the subject. As regards the inclusion of mental handicap, he pointed out that, if an entirely separate Bill were produced which included compulsory admission procedures for the small number of persons who needed it, that would indeed focus public attention on these people and might cause equal confusion in the public mind. He again summarized areas where there had been either progress or lack of progress in community care. He devoted much of the remainder of his speech to the problems of regional secure units, giving details of what was being done or not done in each Region—from the situation at Prestwich (described by Mr Jenkin and Mr Pattie as 'intolerable') to the arrangements at Knowle Hospital where security was ensured by a high staff ratio rather than by 'bricks, mortar and locks'.

The House duly passed the resolution 'taking note' of the White Paper.

ALEXANDER WALK