

Parliamentary News

February 1985–July 1985: Part I

Abortion

On 11 February 1985 the House of Commons debated abortion and the moral and ethical questions raised.

Private hostels for mental patients

In reply to a question on 12 February, Mr John Patten said that patients leaving mental illness hospitals had the same right as anybody else to choose where they live. The full range of community resources is available. The Department is not responsible for accepting or rejecting individual homes, but the Registered Homes Act 1984 has tightened the conditions for the registration and inspection of such homes by local social service authorities. The DHSS commended a code of practice for residential care, 'Home Life', to registration authorities last year; it contains a section specifically about mentally ill people and their rehabilitation.

Compulsory admissions (Wales)

On 14 February 1985, in reply to a question, the Secretary of State for Wales gave details of compulsory admissions to hospital in Wales. The total number of admissions during 1983 under different Sections is given as follows (the total number of patients detained at 31 December 1983 is given in brackets): Section 2, 194 (32); Section 3, 69 (92); Section 4, 532 (9); Section 5(2), none (1); Section 37 without restrictions, 15 (14); Section 37 with restrictions, 11 (26); Section 47 with restrictions, none (1); Section 47 without restrictions, none (1); Section 136, 15 (–); other variable Sections, 22 (–). The total number of admissions was therefore 849 and 176 persons were detained on 31 December 1983.

Hospital Complaints Procedure Bill

This Bill, which had been taken through all its stages in the House of Commons on 22 February, was considered on 17 April in the House of Lords. It lays a duty on the Secretary of State to give directions to regional health authorities on the complaints procedures to operate in each NHS hospital and publicity to be given to the procedures. The gist of the Bill relates to communication and the establishment of conditions which will lead to harmonious relationships between patients and hospital. It was recognized that the NHS already has a quite well established complaints procedure in hospitals. In debate, concern was expressed on behalf of patients by a number of Members about the difficulty in obtaining information. Lord Winstanley recounted an allegedly true story about a telephone call to a hospital near Manchester. The caller enquired about a patient in the orthopaedic ward. After a pause the telephone operator replied that the patient, Mr Smith, had received his operation, his condition was satisfactory and he was expected to be discharged on Tuesday. After a pause, the operator asked if the caller was a relative. 'No', he said, 'it's Mr Smith speaking. They tell you nothing in here.'

Rate capping: Mental illness provision

In a Written Reply to Lord Winstanley on 26 February in the House of Lords, Lord Glenarthur said that it will be for authorities who are affected by rates control to decide how staying within their expenditure limit will influence spending on particular services. Many authorities have already shown that it is possible to protect services to vulnerable people, including those suffering from mental illnesses, at the same time as restraining their expenditure. Lord Winstanley was concerned about the effect of rate capping on community based projects for psychiatric patients. Lord Glenarthur said it should be remembered too, that health authorities and voluntary organizations are also involved in providing community care servicing for mentally ill people.

Natural medicine

On 27 February 1985 Viscount Massereene and Ferrard initiated a debate on natural medicine and spoke with enthusiasm about its efficacy. Several other Peers spoke more or less sympathetically and Lord Glenarthur replied at length for the Government. He said that the general attitude of HM Government towards alternative therapy must be one of benign neutrality: 'What we all want to see, is the best possible treatment available to patients provided in the most cost effective way by those best able to provide it.'

War pensioners (psychiatric cases)

In a Written Reply (27 February), Mr Newton (DHSS) said that the percentage of war pension cases awarded where the primary disability condition was psychiatric is as follows: 1982 – 5.1 per cent; 1983 – 4.7 per cent; 1984 (up to September) – 4.6 per cent.

Shoplifting

In a Written Answer (28 February), Mr Mellor (Home Office) said that of the total of females who were dealt with for stealing from shops in all courts in England and Wales in 1983, 9 per cent were acquitted.

Secure accommodation

Miss Janet Fookes asked the Secretary of State for Social Services (28 February) if he would take steps to introduce long-term secure accommodation for persons not suffering from mental illness as defined by law, but who none the less require a secure and sheltered environment for their own safety and that of others. In reply, Mr Clarke said that there were no provisions for the detention of anyone who was not detainable under the Mental Health Act. A number of NHS hospitals have a 'special care' ward providing structured environment and a high level of supervision without relying on detention. The Government was reviewing the needs of, and provisions and plans for 'hard to place' clients, including those who are mentally handicapped.

Guardianship Orders*England and Wales*

On 28 February, in a Written Reply to Dr Godman, the Minister said that thirty new Guardianship Orders under Section 7 of the Mental Health Act 1983 were made in the period 30 September 1983 to March 1984. Later figures were not available.

Scotland

Since 30 September 1984, when the Mental Health (Scotland) Act 1984 came into operation, six Guardianship Orders have been made in Scotland.

Psychosurgery*England and Wales*

In a Written Reply, the Minister said that psychosurgery operations were performed in NHS hospitals in England and Wales as follows: 1979—70; 1980—62; 1981—59; 1982—38; 1983—37.

Scotland

On 28 February a number of Written Answers were given to questions relating to psychosurgery in Scotland. The Secretary of State said that psychosurgery operations are performed very infrequently and the number must be assumed by noting the number of operations to divide brain tissue where there is also a diagnosis of mental disorder. The last five years for which figures are available, the number of operations were as follows: 1978—2; 1979—1; 1980—2; 1981—1; 1982—1. It was not possible to know how many, if any, amygdalotomy operations were carried out.

Miss Beverley Channing

On 8 March, on the Motion for the Adjournment, Miss Janet Fookes described in some detail the case of a young woman in her constituency who is a 'hard to place' patient. She is a young woman in her early twenties who demonstrates behaviour problems and appears inappropriate for the prison system and five psychiatrists have considered that she was not detainable. Mr John Patten for the DHSS expressed much sympathy for this and similar cases, and gave assurance that the DHSS and Lord Glenarthur, who has special responsibility for this area, were working for further progress and service development and to try and provide for this difficult category of patient.

The Parole Board

On 18 March in the House of Lords, Lord Elton listed the names and qualifications of members of the Parole Board. The Chairman is Lord Windlesham, and there are 53 other members. Seven are judges, nine probation officers, two are criminologists, one is a Professor of Social Work and there are 26 lay members. Eight members are psychiatrists and these include: Drs N. E. Crumpton, A. Folkson, F.S. Hashmi, T. Kay, J. Le Gassicke, P.G. McGrath, J.H. Orr and D. F. Scott.

Health Education Council

The Secretary of State, on 18 March, listed the names of members of the Health Education Council which includes two

psychiatrists: Professor A.W. Clare and Professor W.I.N. Kessel.

Doctors and dentists (manpower)

On 26 March 1985 the Secretary of State for Social Services, Mr Fowler, made a statement. He said that he was that day publishing a report by the Advisory Committee for Medical Manpower Planning which contained projections of the likely future pattern of supply and demand for doctors. There were many factors affecting the future balance, including the level of output for medical schools, the extent to which women doctors remained in active practice and the number of overseas doctors coming to the United Kingdom. He will be discussing with the medical profession the implications of the report on the intake to medical schools, on the medical staffing of hospitals and on postgraduate training. Now that the United Kingdom was essentially self-sufficient in its supply of doctors and dentists, the Government had decided to bring immigration more into line with the rules applying to other groups. They would wish to retain the important role which this country had traditionally fulfilled of providing postgraduate training to doctors and dentists from other countries, but from 1 April 1985, changes will be made to the rules. From that date overseas practitioners will need to comply with the relevant entry provisions for the self-employed and they will be subject to normal work permit arrangements. Those seeking entry for the purpose of postgraduate training in hospitals will be admitted for a period of up to four years. After this time they will be able to stay only if extensions of stay are granted under the normal immigration and employment provisions. A similar permit-free period for postgraduate training will be available to overseas nationals graduating here. The changes will not apply to the doctors and dentists from the European Community who have free entry to this country for employment. Mr Michael Meacher, for the Opposition, observed that while the Secretary of State had said that the United Kingdom was 'essentially self-sufficient in its supply of doctors and dentists', it seemed a complacent statement when the numbers of doctors per 1,000 population is 25 per cent higher in France than in the United Kingdom, 50 per cent higher in Germany, and 100 per cent higher in Italy. He felt that the system of postgraduate training for overseas doctors needed a radical overhaul to provide a clear guarantee of the quality of training offered and of its completion. Other members commented and Mr Fowler confirmed that any changes made would not affect doctors already here.

The statement was repeated in the House of Lords where, in a reply to a question, it was stated that although doctors in Europe have free access, in 1984 under 100 doctors came to this country and most of these were from the Republic of Ireland.

Drug trials

Mr Kenneth Clarke said (28 March) that the Government had no plans to introduce legislation to govern the trial of new drugs on healthy volunteers. The Medicine Commission had concluded that legislation was not required, but recommended that professional bodies and the Association of

British Pharmaceutical Industries revise and update their existing guidance to members.

Prisoners (psychiatric treatment)

Mr Mellor, Home Office, said (28 March) that the census of prisoners carried out on 31 December 1984 indicated that there were 282 diagnosed as being in need of psychiatric treatment on that date. The Home Office was considering the need for research on the psychiatric characteristics of the prison population as a whole, including those who do not come within the terms of the Mental Health Act. Substantial psychiatric resources were available for the treatment of prisoners who may be broadly described as mentally abnormal; it was for the medical officer concerned to decide what treatment is appropriate in a particular case.

Life sentence prisoners

Mr Mellor said (28 March) that on 28 February 1985 there were 2,020 persons in prison in England and Wales serving life sentences, including young people detained during Her Majesty's pleasure or for life under Section 53. The average time served under sentence was ten and a half years in 1984. There were, however, wide variations in the period served in custody.

Heroin abuse

Mr Mellor said (28 March) that there was an increase from 4,118 to 5,864 (approximately 42 per cent) in the number of addicts notified to the Home Office in 1983, of whom some 80 per cent were reported as being addicted to heroin, either alone or in combination with other drugs. Provisional figures suggest that the increase in notifications in 1984 was of the order of 20–25 per cent.

Glenochil Young Offenders Institution: Suicide precautions

On 16 April 1985 the Secretary of State for Scotland (Mr George Younger) referred to the seven suicides which have occurred in this institution in Scotland during the past five years. The recent death on 13 April 1985 occurred while an inquiry initiated by the Secretary of State was in progress.

On 24 July 1985 the Secretary of State for Scotland made a statement on a report of the working group on suicide precautions at Glenochil Youth Offenders Institution and Detention Centre in Scotland which had been published that day. In November 1984, following a recommendation by the Sheriff Principal after a fatal accident inquiry, the Secretary of State set up an independent working group under the chairmanship of Dr Derek Chiswick, Senior Lecturer in Forensic Psychiatry at the Royal Edinburgh Hospital. The working group had the remit to review the precautionary procedures adopted at Glenochil Young Offenders Institution and Detention Centre to identify and supervise inmates who might be regarded as suicide risks, and to make recommendations. Dr Chiswick was asked to expedite the report and he completed his work by the end of June 1985. The report made a considerable number of recommendations, the majority of which the Government accepted, but there were a number which they were unable to accept. Many of the recommendations referred to the pro-

cedures at the institution and gave advice about methods of identifying those who were possible suicide risks and their management. All the speakers congratulated Dr Chiswick and his colleagues for their work, some criticized the Secretary of State for his response to some of the more controversial recommendations. The report was debated by Scottish MPs.

Prohibition of Female Circumcision Bill

A Private Member's Bill introduced by Mrs Marion Roe, MP for Broxbourne, received its Third Reading in the House of Commons on 19 April 1985, a similar Bill having previously been introduced in the House of Lords unsuccessfully. This Bill, supported by the Opposition and the Government, now more clearly defines its purpose, to make illegal the practice of female circumcision in Britain. The wording of the Bill excludes legitimate or ethical surgery of a similar kind carried out legitimately for the physical and mental health of women. It was pointed out that in a very small number of cases surgery of a cosmetic kind is necessary for psychiatric reasons.

On 15 May 1985 this Bill had its Second Reading in the House of Lords where it had been received from the House of Commons. Clause 2(1) of this Bill allows necessary surgical operations performed by medical practitioners and midwives to be exempted from the offence created by the Bill. Clause 2(2) prevents the medical practitioner, in deciding whether an operation is necessary 'on the grounds of mental health', from taking any account of the belief that such an operation is required as a matter of custom or ritual. This has the effect of limiting the exemption on mental health grounds to legitimate surgery and excluding female circumcision. This section was the cause of much discussion and debate with respect to the nature of mental health grounds for carrying out such surgery and also taking note of an objection from the Commission of Racial Equality that the wording of this section is discriminatory on racial grounds.

In the House of Lords on 23 May 1985, Baroness Jeger asked what consultations had taken place with the Royal College of Psychiatrists and the Royal College of Surgeons in connection with the prohibition of female circumcision legislation and what advice had been received. Baroness Trumington (DHSS) said that she understood that Sponsors of the Bill had kept the Royal Colleges informed about progress on the Bill and that neither had any objections to the Bill as currently drafted.

Intoxicating Substances (Supply) Bill

This Bill, which seeks to make it an offence recklessly to supply glue without regard to what it may be used for, provides for a six months' jail sentence or a £2,000 fine. The Bill is a Private Member's Motion introduced by Mr Neville Trotter (Teignmouth), and it proceeded through the Committee Stage without amendment and received its Third Reading on 19 April 1985. The Bill's Sponsor referred to the research in Newcastle by Dr Anthony Thorley, the Director of the Centre for Alcohol and Drug Studies at St Nicholas Hospital, together with Dr Brenda Davies, Senior Registrar.

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