

# **Parliamentary News**

## **(October 1982–December 1982)**

### **The Queen's Speech**

At the opening of the new session of Parliament the Queen's Speech indicated that measures will be brought forward to reform the Scottish Law on mental health.

### **Medical reports to courts**

In a written answer on 18 October 1982, Mr Patrick Mayhew (Minister of State, Home Department) said that a questionnaire was sent to all magistrates' courts in England and Wales about their access to and use of lists of doctors and psychiatrists prepared to do court work and other related matters. Of the 642 courts that responded, 417 reported that they kept or had access to a list of available doctors. Ninety-six relied on local informal contacts for finding a doctor to make a report; 39 considered there to be no need or demand for a list. Thirty-one of the courts with lists, but only 18 of those without lists, indicated problems in obtaining medical reports. These problems tended to be related to delay in the preparation of reports even where a doctor was available. This would be explored before guidance was issued. Consideration would be given to providing more out-patient facilities at prisons. Only four courts said that they often or always remanded defendants in custody for medical reports. They were being questioned further.

### **Prescribing in prisons**

Mr Mayhew answered a question in writing about prescribing practice by prison medical officers. He listed the number of doses of psychotropic drugs given in each six-month period from January 1960 to the end of June 1981. They had reduced from 641,598 in the first six months to 544,667 in the last six months. He stressed that prescribing was a matter for clinical judgement and refused to give further details.

### **Prison psychologists**

On 19 November 1982 Mr Patrick Mayhew said in a written answer that 86 psychologists are employed by the Prison Department. Their responsibilities are:

- (1) To assist in the management of problem cases by means of assessment and treatment;
- (2) To design, develop and evaluate treatment and training methods;
- (3) To assist with the design of staff training courses and the support of staff;
- (4) Other services to management including advice on organizational development and design of management information systems;
- (5) Research.

### **Young offenders**

In a written answer (19 November 1982) Mr Mayhew said that a total of 1913 offenders under the age of 21 were housed in adult prisons in England and Wales on 30 September 1982.

### **Hypnotism**

In a written answer (22 November 1982) the Home Secretary said that it was clear that the use of hypnosis on witnesses as an aid to criminal investigation had limitations and drawbacks, particularly as the evidential value of information gained under hypnosis may be open to question. He was actively considering the issue of guidance to chief officers of police on this matter and the Department would be consulting them and professional bodies on the terms of such guidance which would draw attention to the limitations of the forensic use of hypnosis and suggestions for firm safeguards for its use.

### **Prisoners**

On 23 November 1982 Mr Mayhew said in a written answer that the average annual cost of keeping a male prisoner in a dispersal prison was £19,262 (1980–1981) and in a local prison, £8,770.

### **Mentally disordered in prisons**

On 6 December 1982, in reply to a question from Mr Kilroy Silk, MP, Mr Mayhew gave details of the number of persons in Prison Department establishments on 30 September 1982 whom the medical officer considered to be mentally disordered within the meaning of the Mental Health Act 1959. Details were given for each of the major prisons. In summary there were a total of 286 prisoners considered to be mentally disordered. Two hundred and ten were thought to suffer from mental illness, one from severe subnormality, 24 from subnormality and 51 from psychopathic disorder. Eighteen prisoners were currently awaiting transfer to hospital under Section 72 of the Act. Details of each of the cases were given and were published in *Hansard*.

### **Deaths of persons detained in custody**

In a written reply to a question from Mr Kilroy Silk, MP (15 December 1982), a Home Office Minister gave details for each of the 58 prisoners who died in custody in 1981. In 16 cases the death is recorded as resulting from suicide.

### **Mental Health (Amendment) Act**

The House of Lords, on 27 October 1982, debated the amendments passed in the House of Commons. The Bill

received the Royal Assent on 28 October 1982. (The Criminal Justice Act also received the Royal Assent on this date.)

On 25 November 1982, in a written answer, Mr Geoffrey Finsberg said that the DHSS was about to issue a circular to inform authorities of the main provisions of the new Act and to give notice of the likely timing for consultation on the guidance to be given (*Bulletin*, March 1983, 7, 56–57). This would relate to the various Orders and Regulations which must be made before most of the Act comes into effect on 30 September 1983. In addition, the DHSS was in the course of inviting nominations widely for membership of the Mental Health Act Commission.

### **Scotland**

#### ***Mental Health (Scotland) Act 1960***

In a written answer on 8 December 1982 the Secretary of State for Scotland gave details of the number of admissions to Scottish mental hospitals under the emergency procedures of Section 31 of the Scottish Act. Details were given for each of the ten years from 1970. In 1970, 77.7 per cent of formal admissions to Scottish mental hospitals (excluding mental handicap hospitals) were under Section 31, in 1975 there were 83.9 per cent and in 1980 the figure was 79.1 per cent. In a reply to further questions it was said that 54 organizations had commented on the Consultation Paper, *Review of the Mental Health (Scotland) Act 1960*. Twenty-four per cent suggested that there should be separate legislation for mental health and mental handicap. Statistics were given which indicated that since 1972 between 9.3 and 9.5 per cent of patients admitted to Scottish mental hospitals were under compulsory powers. For mental handicap hospitals in Scotland the figure had decreased from 7.5 per cent in 1972 to 2.5 per cent in 1980. Details of mental health care facilities in Scotland were also given and published in *Hansard*. Further statistics on the same day (8 December) were given for the number of suicides in Scotland during the past ten years and for specific age groups. Other statistics were detailed in connection with deaths from alcoholism.

#### ***Murder in Scotland***

On 25 November 1982, in a written answer, the Secretary of State for Scotland gave detailed figures for the last four years for murder in Scotland. In 1981 there were 39 recorded cases, of which 35 were 'cleared up'.

### **Special Hospitals**

#### ***Patients' transfers***

In a written reply to a question from Mr Kilroy Silk, the Minister of Health said on 30 November 1982 that 202 patients were awaiting transfer from each of the Special Hospitals on 16 November 1982. Details were given of the waiting time for patients in each of the hospitals. Sixteen patients had been waiting for transfer for over four years (15 of them at Rampton).

### ***Rampton Hospital: Morale***

There was a debate in the House of Lords on 25 October 1982 on morale at Rampton Hospital and the effect on staff of continued police inquiries and the trials of nurses which continued to take place. There was particular mention of the effect on the hospital of the withdrawal of approval to the nurse training school. It was thought that an application to reinstate the school would soon be made.

### **Shoplifting**

On 29 November 1982 Mr Campbell-Savours, MP asked the Attorney-General a number of questions regarding shoplifting and its relationship to stress and suicide. The Solicitor-General replied and said that 26 cases had been referred to the Director of Public Prosecutions since 1 January 1982 out of the many thousands that occur. A number of MPs expressed concern about the responsibility of modern trading methods in self-service stores, suggesting that they were largely responsible for the massive increase in shoplifting in recent years. It was denied that there was a high rate of suicide in cases of pending prosecution. The House was informed that a study group had been set up by the Ministers responsible for matters relating to shoplifting, but the date of its report is not yet known.

### **Misuse of drugs**

On 1 December 1982 the Secretary of State for Health announced the publication of the Report of the Advisory Council for the Misuse of Drugs. The Report spelled out the changing nature and growing problem of drug misuse and its effect on individuals, their relatives and friends. The Government regarded the misuse of drugs as a major social problem and accepted the view of the Council that prime responsibility for services should be at local level. Each health Region was expected to develop a policy for meeting local needs, and recommendations were made in the Report for the establishment of regional drug problem teams and of drug advisory committees in each district. The Government was concerned about deficiencies in services and was arranging a special conference of doctors to be held early in 1983 to look at the part doctors could play in responding to the problem of drug abuse. The Secretary of State announced that £2,000,000 was being made available for grants to authorities and voluntary bodies in England to enable them to bring forward schemes in this field during 1983.

### **Glue sniffing**

In a written answer on 18 October 1982, the Government stated that it had no plans to make glue sniffing illegal, but that it would shortly be seeking the views of statutory and voluntary bodies to enhance and further support their work. Possible legal changes will be considered subsequently.

In the Commons on 26 October 1982 there was a short

debate on glue sniffing. Suggestions were made to include additives in aerosol sprays which would induce vomiting and to put warning notices on containers. Comment was made about the absence of reliable statistics. In reply Mr G. Finsberg, Under Secretary of State, DHSS, said that 27 young people died from glue sniffing in 1980, compared with 1005 who died as a result of road accidents. He referred the House to a recent article in the May 1982 edition of *Health Trends* and to an edited book supported by the DHSS and shortly to be published by Macmillans. Disappointingly few people had come forward with research proposals and these were invited.

On 21 December 1982, Mr Don Dixon, MP introduced a Bill to restrict the sale of certain glues to children under the age of 16; to strengthen the powers of the police in relation to persons under the effects of glue sniffing; and for connected purposes. The Bill was given a First Reading.

#### **Wexham Park Hospital**

The Secretary of State was asked a number of questions on 22 December 1982 about the Oxford Regional Health Authority inquiry in relation to the breakdown of working relationships between doctors and nurses in the psychiatric unit at Wexham Park Hospital. He said that steps were being taken to implement recommendations after a full and thorough inquiry. No purpose would be served by holding a further inquiry and it was for the local Health Authorities to take such further steps as were necessary to implement recommendations.

#### **Mental Health Act 1959**

In a written answer on 22 December 1982, the Minister of Health said that the Department disapproved of the practice of doctors signing blank Section 30 forms and that only the doctor in charge of the case should do so after examining the patient. The new mental health legislation introduces a new six-hour holding power for prescribed nurses and the forthcoming Memorandum of Guidance will deal with a number of issues relating to this problem.

Mr Charles Irving was concerned to know that there were adequate safeguards to prevent patients from being detained by medical practitioners with little or no experience or qualification in psychiatry. The Minister assured him that one of the two doctors making recommendations must be approved by the Regional Health Authority under Section 28 of the Mental Health Act 1959 and the new legislation will not alter that position but will tighten up the time limits for medical recommendations for emergency admissions.

#### **Regional Secure Units**

On 14 December 1982, in a written answer, Mr Geoffrey Finsberg gave details of the breakdown of the expenditure by the Oxford Regional Health Authority of the total capital and revenue funds allocated for the provision of a regional secure psychiatric unit. The total amount received by the

Oxford RHA since 1976 to 1977 was £2.603 million and between 1979 to 1980 and 1981 to 1982 the proportion of Oxford RHA's RSU revenue allocation spent on psychiatric services, including secure facilities, increased from 53 per cent to 100 per cent.

Mr Finsberg said that elsewhere in the country a 60-bed permanent regional secure unit at Towers Hospital, Leicester and a 30-bed permanent unit at Langdon Hospital, Dawlish, were expected to begin to admit patients by April 1983. Six permanent RSU developments were currently under construction: a 50-bed unit at Rainhill Hospital, Liverpool; a 20-bed unit for adolescents and an 88-bed adapted unit for adults, both at Prestwich Hospital, Manchester; a 48-bed unit at Fieldhead Hospital, Wakefield; a 36-bed unit at St Andrew's Hospital, Thorpe, Norwich; and a 90-bed multi-site scheme in South-East Thames Region. Work has recently started on one of the elements in this last scheme, a 30-bed unit at Bethlem Royal Hospital, Beckenham and the remaining four units are expected to be under construction by mid-January 1983. He said that plans for the provision of a secure unit for mentally handicapped adults at Borocourt Hospital in Berkshire were being considered by the Regional Health Authority and the DHSS. It was not possible at this stage to say when that unit would be operational.

#### **Section 136**

In reply to a question, Mr Patrick Mayhew of the Home Office said that statistics for persons admitted to hospital under Section 136 are collected centrally. The police also record each occasion on which they exercise their power under Section 136, but this information is not collected centrally. The Minister had undertaken to give careful consideration to the possibility of issuing guidance to the police about records. This consideration was in progress but no conclusion had yet been reached.

#### **Use of seclusion**

On 6 December 1982 Mr Finsberg replied to a question from Mr Terry Davis, MP, the Deputy Opposition Health spokesman. He said that each of the Special Hospitals had an established procedure for the use and recording of seclusion. In an emergency—that is, for the immediate protection of the patient or the safety of others—the nurse in charge may authorize seclusion, which must then be reported immediately to the senior nursing staff and the patient's responsible medical officer, or in his absence, the duty medical officer. Seclusion may be continued only on the daily authorization of the doctor responsible for the patient's treatment. Similar arrangements applied in mental hospitals and professional guidelines on the use of seclusion had been issued by the Royal College of Psychiatrists and the Royal College of Nursing. He said that seclusion is one of the sensitive and important areas in which the new Mental Health Act Commission is expected to take a close interest when it is established.

ROBERT BLUGLASS