

child psychiatrists to plan their studies to avoid unnecessary time in other specialties, and those who make this career choice later would be able to switch easily. It is neither possible nor desirable for all trainees to pursue identical training programmes.

A scheme such as the one proposed could take a new consultant to a relatively advanced stage of expertise in the field of clinical child psychiatry. An examination in child psychiatry, taken after two years in the specialty at registrar grade, would allow specialist accreditation (if adopted for this specialty) at the end of higher professional training, that is, as senior registrar, without the need for an examination at

this late stage. As part of the Preliminary Test, an oral examination could be taken after, say, a year in child psychiatry, which would provide independent College assessment of the candidate's suitability for the specialty apart from that of his or her own training centre. In the Membership or Diploma examination use might be made of oral discussion of selected case histories compiled by the candidate from amongst those he had personally treated, and the candidate's video-taped family therapy sessions. This last suggestion would help to ensure the availability of video equipment and its use for supervision and self-observation for all trainees.

## ***Parliamentary News***

***(January—April, 1981)***

### **Registration of psychotherapists**

On 15 April Mr Graham Bright introduced his Private Member's Bill, described as 'a Bill to create a Council for Psychotherapy, with power to maintain a register of practitioners and to enforce a code of ethics'. Mr Bright laid stress on the need to protect the public against exploitation by charlatans. He claimed that the proposals of the Sieghart working party, on which the Bill was based, rested on a wide measure of agreement between professional bodies in which he included the Royal College of Psychiatrists.

Mr Stan Thorne opposed the introduction of the Bill, mainly on the ground that it went beyond the Sieghart recommendations, giving the proposed Council power to proscribe the use of psychotherapy by unqualified persons.

Leave to introduce the Bill, was, however, given, as no one offered to act as Teller for the 'Noes'. No view was expressed on behalf of the Government.

### **Mental Health Services**

#### ***Debate***

On 31 March the Earl of Longford initiated a debate on mental after-care. He and subsequent speakers went over the well-trodden ground of community care policy frustrated by inadequate provisions and facilities, and very little was said that could not have been quoted from previous debates. Lord Richardson told the House that he had been in consultation with Professor Wing and Sir Desmond Pond about the points that seemed to them of particular importance; his speech consisted for the most part of a brief outline of the needs of mental hospital patients according to their length of stay. He drew attention to the College's report *Rehabilitation in the 1980s*, and to the experimental 'bed-hostel' at the Maudsley Hospital. Other speakers were Lord Winstanley (from a GP's point of view), Lord Lloyd (voicing the predicaments of voluntary bodies), Baroness Masham (concerned mainly with the mentally handicapped), Lord

Taylor of Gryfe (describing the work of 'Link' in Glasgow), Lord Auckland, Lord Soper, the Countess of Loudoun (closer liaison between housing, employment and social work agencies, and praising MIND's 'Home from Hospital' campaign of 1976), Baroness Faithfull, and Lord Wallace of Coslany. Lord Cullen of Ashbourne, for the Government, gave the usual departmental reply, quoting various figures showing what developments have in fact taken place. He did, however, suggest a minor change of policy whereby 'the fixed White Paper guidelines' might be replaced by a range of guidelines which discriminate between high need and low need localities. He, too, commended the College's Rehabilitation report.

Some of the figures given are as follows, though the relevant years are not always the same:

Residential places up from 332 to 5,604

Day hospital places up from 10,200 to 13,000

Local authority day centres up from 5,374 to 7,740

Community psychiatric nurses up to 2,000

Grants to local authorities for mental illness up by 58 per cent in real terms.

#### ***Questions***

Figures for revenue *expenditure* on the mental health services were given on 20 January. The proportion of total NHS funds spent on mental handicap over the last five years has remained approximately constant at 3.8 per cent in both England and Scotland; for mental illness it has also been constant, in England at about 8.3 per cent and in Scotland at about 10.6 per cent.

*Suicides* in psychiatric hospitals and departments fluctuated between 73 and 93 annually in the years 1971-76, but increased to 127 in 1978.

It was stated on 20 January that the DHSS's policy was to expand the consultant grade faster than the training grades, but that so far implementation had been slow.

### **Mentally abnormal offenders**

#### *The Special Hospitals*

Following the case of Ronald Sailes (who committed a murder while on prolonged leave from Broadmoor), Mr Jenkin on 28 January announced new arrangements for leave from all the Special Hospitals. (The Circular setting out these arrangements was reviewed in the June issue of the *Bulletin*, page 115.)

Questions continue to be asked about the transfer of patients to other hospitals. The total of patients on the transfer list is now 213. Of 69 Rampton patients on the list in July 1980, 11 had been transferred by February 1981. The case of a man transferred from prison to Rampton and almost at once recommended for discharge as not being mentally disordered was mentioned on 11 April.

On 26 January Mr van Straubenzee initiated an Adjournment Debate, defending the staff of Broadmoor against the accusations of brutality made by MIND in December 1979, particularly in relation to the use of unmodified ECT. As before, he accused MIND's informants, as well as some of that body's permanent officials, of being politically motivated. Both he and Sir George Young, replying for the Department, referred to the College's views on the subject, and Sir George quoted the College's decision to review its Guidelines on ECT when the results of the current research project were available. Both the MP and the Minister paid tribute to the voluntary workers within the MIND organization, but Sir George agreed that there was cause for concern over the way comments were made 'on the principle that an allegation must be true unless the staff can prove that it is not'.

'Industrial action' by Rampton staff (following the appearance of one of them in court) was (in April) preventing visits by patients' relatives.

#### *Prisons*

More mentally abnormal prisoners are being transferred to hospitals than in previous years, but at the end of 1980 there were still 324 prisoners who ought to be in hospital.

On 23 February Lord Avebury asked two questions about the use of psychotropic drugs in prisons, but the answer

referred him to Appendix 6 of the last Report of the Prison Department.

#### *Secure units*

It was stated that interim, and later permanent secure units were to be established at Bethlem and at Cane Hill. There are now four (presumably permanent) units under construction and two more will be started before the end of the year.

#### *Mental handicap*

A Green Paper is expected to be issued on means of facilitating the transfer of patients from hospital to local authority care, and later this year legislation will be introduced on the provision of special education for those over 16.

At the end of 1979 there were 2,839 mentally handicapped children in hospital and 1,856 in residential homes, but the number being cared for by their own families is not known.

Lord Renton, on 20 January, raised the question of charges made by local authorities for attendance at training centres. He was told that this was entirely a matter for the discretion of the authority—common guidelines are being considered.

#### *Addiction and alcoholism*

There are now 97 beds in NHS hospitals specifically allocated to drug addiction, and 145 similarly allocated to the treatment of alcoholism. The cost to the NHS of alcohol-related diseases is estimated as between £50 million and £69 million at 1979 prices.

An experimental 'wet' (overnight) shelter is being established in Birmingham.

#### *Treatment*

Sporadic sniping at psychosurgery continues, without result.

Prescriptions for diazepam and chlordiazepoxide number respectively 9 million and 2½ million each year, but the number diminished slightly between 1978 and 1979.

ALEXANDER WALK

## *Forthcoming Events*

The 4th annual conference on **Alcohol, Drugs and Psychiatry** is to be held in Birmingham on 2 and 3 October 1981. Information: Dr M. I. Akhter, Regional Drug Addiction and Alcoholism Treatment Unit, All Saints' Hospital, Lodge Road, Birmingham B18 5SD.

The **Institute of Family Therapy (London)** will be holding various courses beginning in October 1981: Introductory Course in Family and Marital Therapy; Continuation

Course in Family and Marital Therapy; **Observation Seminars of Family Work**; Clinical workshops and seminars for social workers. Information: Course Secretary, Institute of Family Therapy (London), 5 Tavistock Place, London WC1, enclosing an s.a.e.

**21st 'Current Themes in Psychiatry' Conference** will be held at Leeds Castle, Maidstone, Kent from 19 to 25 September 1981. Information and application: Mrs. M. Browne, Course Secretary, Keats House, Guy's Hospital, London SE1 9RT.