

## *Parliamentary News*

### *(April 1984–February 1985: Part II)*

#### **Life sentence prisoners**

In reply to questions on 25 July, Mr Mellor (Home Office) said that between 1971 and 1983, 853 life sentence prisoners were released from prisons in England and Wales including persons sentenced to be detained during Her Majesty's Pleasure or for life under Section 53 of the Children's and Young Persons' Act 1933. These statistics did not include those who had been released and subsequently recalled. The Department was aware of 382 offences committed after release by 191 life sentence prisoners. Details of their offences were given in *Hansard* and indicated that there were seven offences of murder in this group and four offences of manslaughter.

#### **Medical Research Council**

On 30 July Sir Keith Joseph said that fourteen Medical Research Council Research Units had been closed since 1979. These included a neuropharmacology unit, unit for metabolic studies in psychiatry, clinical psychiatry unit and development psychology unit. In the same period ten new units had been set up but these were not listed.

#### **Mentally disordered offenders**

In July the Home Office answered a number of questions on this topic. On 31 March 1984 (latest date) prison medical officers considered a total of 310 individuals in prison to be mentally disordered within the meaning of the Mental Health Act. These included mental illness—235; severe mental impairment—one; mental impairment—twenty-four; and psychopathic disorder—fifty. The number of mentally disordered offenders transferred to hospitals in 1983 was 'at least 110', but may be slightly higher as the Home Office had discovered a discrepancy in their records. During 1983, 1,643 persons considered by prison medical officers to be mentally disordered left Prison Department custody. This included those transferred to hospital on various grounds and those who were discharged into the community. An investigation of the reasons why some sentenced prisoners identified as suffering from mental disorder are not recommended for transfer to hospital is in progress.

#### **Regional secure psychiatric units**

On 1 August in a written answer (*Hansard*, columns 351–352) details were given of the total RSU revenue allocations made to each RHA since 1976 and the revenue expenditure on provision of secure facilities.

The House of Commons reconvened after the Summer Recess on 22 October 1984 and the House of Lords reconvened on 16 October 1984.

#### **Secure units (research)**

On 25 October in reply to a question Mr John Patten

(DHSS) said that a research study of the functioning of the Lyndhurst Interim Secure Unit at Knowle, Hampshire, sponsored by the Department, had recently been completed and this related to an individual unit and its role in the range of provisions to be made within one NHS region. A more general study of regional secure units is in progress.

#### **Mr Michael Martin**

Mr G. Bermingham asked a number of questions on 25 October about the death on 6 July 1984 of Michael Martin, a patient at Broadmoor Hospital. In reply the Minister for Health said that the Department was considering whether to hold an inquiry and a decision would be made shortly.

#### **Mental Health Act 1983**

On 23 October in reply to a question from Mr Harvey Proctor, Mr Kenneth Clarke (DHSS) said that the implementation of the Mental Health Act is continuing in a satisfactory manner. Sections 35, 36 and 38 of the Act, which provide for remands by criminal courts to hospital for assessment and interim hospital orders, were implemented on 1 October 1984. All the regional health authorities were consulted and nine were in favour of going ahead with the implementation of these Sections but the other five had reservations. They were particularly concerned about their ability to provide the service in their regions and its resource implications. Ministers were anxious to get on with that part of the Act because they believed that the mentally ill should be treated in hospital wherever possible and they did not wish the courts to have to send sick people to prison. Therefore, they brought the proposals into effect and the courts must accept that the ability to provide the service will vary across the country. However, he said, all regions must continue to try to provide the facilities required.

#### **Special Hospitals (Official Secrets Act)**

On 25 October in reply to a question on this matter Mr John Patten said that staff in the Special Hospitals are in the employment of the Crown. They are therefore required to sign the Official Secrets Act Declaration in the same way as other Crown employees. This does not, however, inhibit informed discussion of the work on the Special Hospitals. Responsibility for authorizing publications and lectures on the work of these hospitals has been delegated to the local managers who are encouraged by the Department to contribute to informed public discussion of the work which they undertake. There were no plans to change the present arrangements.

#### **Special Hospitals (juvenile patients)**

In a written reply Mr John Patten said that there were six patients of 16 years of age and four patients of 17 years of age in the Special Hospitals. This included one female in Rampton

Hospital. Details of their offences, dates of admission and relevant Section of the Mental Health Act 1983 were published in *Hansard* (Issue No. 1322, column 728).

#### **Mental handicap hospitals**

Statistical details of admissions and discharges of children to mental handicap hospitals were given and published in *Hansard* on 25 October.

#### **Mentally handicapped prisoners**

Mr David Mellor (Home Office) on 25 October gave details of the number of subnormal or mentally impaired prisoners held in prison establishments during the last three years. The data were based upon returns from prison medical officers in terms of the Mental Health Act classifications. Details are given in *Hansard*. In summary, on 31 March 1982 a total of twenty-four subnormal or severely subnormal individuals were held in prison establishments, on 31 March 1983 twenty-eight individuals, and on 31 March 1984 twenty-four mentally impaired or severely mentally impaired individuals.

#### **Immigration (mental disorder)**

On 25 October in reply to a question, Mr Waddington (Home Office) said that the numbers of persons refused leave to enter the United Kingdom on the grounds of mental disorder as recommended by the port medical inspector were 124 in 1981, 126 in 1982 and 129 in 1983.

#### **Prison hospital officers**

In a written reply, Mr Mellor (Home Office) stated that basic training for prison hospital officers includes seven weeks' training in psychiatric nursing, involving placements in a Special Hospital and secure unit as well as a psychiatric hospital.

#### **Scotland: Psychiatric hospitals**

On 31 October the Scottish Office replied to a question stating that a survey of hospital buildings in 1981 suggested that some £200 million over ten to fifteen years would be required to bring the stock of hospital buildings up to standard; of this some £34 million relates to psychiatric hospitals. Following this survey the Department allocated an additional £9.4 million in 1983-4, and £18.4 million (provisional) in the current financial year according to the Board's assessment of immediate need.

On 16 November 1984 Parliament reassembled commencing with the Queen's Speech.

#### **Mental Health Act Commission**

A number of questions were asked on 12 November about the Commission and particularly the North-West Region of the Commission. Aspects of interest in the reply included the comment that expenditure on second opinion medical fees is currently running at about 14 per cent of the Commission's annual budget. Within a short time the Secretary of State would indicate when the Code of Practice will be available and

when he intends to publish it.

In reply to questions on 19 November 1984 the DHSS said that consideration was being given to centralizing the secretariat of the Mental Health Act Commission (at present based in Nottingham and Liverpool as well as London) following a staff inspection. The Government at the present time had no intention of extending the existing remit of the Commission to include the investigation of complaints from informal patients and he said that the Commission was making good progress with its drafting of a Code of Practice and it was expected that a comprehensive draft document would be submitted to the Secretary of State by March 1985. Before the Code is laid before Parliament, the consultation required by the Act must be undertaken.

#### **The Research Councils**

On 21 November 1984 the House of Lords debated the present position of the Scientific Research Councils. This was a wide ranging debate with particular emphasis and concern about the present financial position, but the Government emphasized its confidence in the present system and its determination to give the fullest possible support within the limits of overall public expenditure constraints. Full details of the debate can be found in Issue No. 1268, *House of Lords Weekly Hansard*.

#### **The Warnock Report**

On a Motion for the Adjournment of the House on 23 November 1984 the House debated the Warnock Report. The Committee was established in July 1982 to enquire and give advice on current developments in human fertilization and embryology. Professor Ken Rawnsley, then President of the College, was a member of the Committee.

#### **Special Hospitals (riot shields)**

On 5 December 1984 in reply to a question from Mr Meacher, the Minister for Health said that staff at Broadmoor and Rampton hospitals had taken part, on a voluntary basis, in approved training courses in the techniques of handling violent patients. These courses cover the use of polycarbonate shields in certain circumstances to avoid injury to the patient, to other patients, and to staff. Training already covered the planning of general routines and organization of the hospitals, of individual patient programmes and of patient-staff relationships, in a way that will normally avoid violent incidents arising. No polycarbonate shields are held at either hospital.

#### **Students' grants**

On 5 December 1984 in a statement, Sir Keith Joseph, the Secretary of State for Education and Science, said that he had decided to withdraw the proposal made on 12 November 1984 that parents should make a contribution to tuition fees of students. However, it remained the Government's intention to abolish the minimum award and to increase the level of parental contributions to maintenance for those in the middle and upper reaches of the income scale. The cost of the concession that he made in England and Wales in 1985-6 is £21

million. In order to find this extra sum he had been able to find £11 million savings towards it. Thus, there would be a reduction of £6 million in the addition to the equipment grant to universities in 1985–6; secondly, there would be a reduction of £3 million in the amount which Sir Keith had told the Chairman of the Advisory Board to the Research Councils was a planned addition to science in 1985–6; thirdly, there would be a number of smaller economies amounting to £2 million. The remaining £10 million would be found by an addition of that amount to the public expenditure planning totals. The Government proposed to consider and consult widely about whether a radical change in the students' support system, which might include loans, should be made so as better to meet the needs of students and their families whilst safeguarding the interests of the tax payer. The Statement was debated.

#### **Mentally ill offenders in prison**

On 12 December in the House of Lords the Earl of Longford initiated a debate by asking what steps the Government were taking to respond to the statement of the Chief Inspector of Prisons that many mentally ill offenders were at present inappropriately confined to prison. The debate which ranged generally over the well-known problems had important contributions from Lord Avebury and Lord Allen of Abbeydale. Lord Elton responded for the Government reviewing the present state of the secure unit programme, the prison medical service and its functioning, the work of C Wing at Parkhurst and the operation of the relevant sections of the Mental Health Act. (The debate can be studied in detail in Issue No. 1271, *House of Lords, Weekly Hansard*.)

#### **Clinical psychologists**

On 18 December 1984 the Minister for Health gave details of the provisional numbers of clinical psychologists employed within each regional health authority as at 30 September 1983. In summary there were 1,290.3 whole-time equivalents and a further 16.3 whole-time equivalents were on the staff at London postgraduate teaching hospitals, giving a total for England of 1,306.6 whole-time equivalent clinical psychologists. This exceeded the numbers recommended in the Trethowan Report (1977) which suggested that the number of clinical psychologists employed be increased to about 1,100 for England and Wales over a period of six to seven years, as a minimum target for the shorter term.

#### **Mental Health Commission secretariat**

On a Motion for the Adjournment Mr Stan Thorne (Preston) initiated a debate on the secretarial services for the Commission and other matters including remuneration. (Details of the debate can be found on page 134, Issue No. 1330 of *Hansard*).

#### **Prisoners (mental hospitals)**

On 21 December Mr Mellor (Home Office) said that in 1983 a total of 766 prisoners were admitted to hospital in pursuance of a Hospital Order and 532 prisoners were removed to hospital after detention under the provisions of Section 37(4). No

prisoner had to be released because a hospital place had not become available within a 28-day period.

#### **Custodial remand (psychiatric reports)**

On 20 December Mr Kilroy-Silk asked the Home Secretary: (1) how many people in the last year for which figures are available were remanded in custody for psychiatric reports; and what is the number so far in 1984; (2) what is the average time taken to complete a psychiatric report on a remanded prisoner; and (3) what is the number of persons currently on remand in custody for psychiatric reports. In reply, Mr Mellor said that the information requested is not recorded centrally. In 1983, 8,193 psychiatric reports were prepared on prisoners remanded in custody for medical assessment and this would not necessarily correspond to the number of persons so remanded. Figures for 1984 are not yet available.

#### **Regional health authorities**

The Minister for Health gave the names of members appointed or reappointed to regional health authorities from 1 October 1984. Two psychiatrists are members of regional health authorities—Dr Julian Roberts (Yorkshire Region) and Dr Peter Sykes (Mersey Region).

#### **Police and Criminal Evidence Act 1984**

On 10 January 1985 in reply to a question the Home Secretary confirmed that, as required by the Act, he would be issuing a code of Practice in connection with the operation of the Act and drafts of the Code have been circulated to interested parties (including the Royal College of Psychiatrists) for comment.

#### **Secure psychiatric units**

On 15 January Mr Robert Kilroy-Silk and other Members questioned the Minister for Health about the progress of the secure psychiatric unit programme. He said that by the end of 1984 seven permanent units were open which will eventually provide a total of 264 places of which about 120 are now staffed and available. Seven further permanent units providing a total of 141 places were completed and undergoing commissioning. In addition two permanent units providing a total of 128 places are under construction and are expected to be completed during 1985. Four further permanent RSUs providing over 170 places are at various planning stages. Mr Kilroy-Silk regarded progress as 'an absolute disgrace and a scandal', particularly in regions such as Oxford, North East Thames and the West Midlands which still do not have units despite having received millions of pounds from the Government. Mr Clarke expressed considerable sympathy for this point of view and thought progress was now being made. He said that he had taken up the matter of Oxford region at the regional review which he had conducted with the chairman and officials of that region. Oxford had been set a priority task of coming back with plans to catch up with the rest. He regarded regional secure units as part of a range of treatment, ranging from the ordinary psychiatric hospital across the board to the Special Hospitals which deal with the most diffi-

cult patients. The DHSS was not laying down a blueprint for every region. They could adopt their own approach. However, all of them must have regional secure units as one part of a range of care.

#### Stillborn babies

On 17 January 1985 Mr John Patten (DHSS) in reply to a question said that recent instructions to registrars of births and deaths require them to ask parents whether they have chosen a name for their baby and whether they wish the name to be recorded in the stillbirth register.

#### Intoxicating Substances (Supply) Bill

On 18 January 1985 Mr Neville Trotter (Tynemouth) moved the Second Reading of his Private Member's Bill. The Bill would treat as a crime the supply for gain of glue or other substances to young sniffers. It would provide for prison sentences of up to six months and/or fines of up to £2,000. Cases could be brought in magistrates' courts. He hoped that a clear statement of the offence in the Act would serve as an effective deterrent. The Bill was debated and supported by Govern-

ment and Opposition spokesmen. It was committed to a Standing Committee.

#### Abortions

On 1 February the Minister for Health answered a number of questions on abortion statistics. Details are contained in Issue No. 1334, *House of Commons Weekly Hansard* (columns 366 to 370). In 1983 there were 127,375 abortions on one of the six statutory grounds. Of these, 538 were carried out because of a risk to the life of the woman and sometimes other grounds; 108,806 were carried out solely on the grounds of risk of injury to the physical or mental health of the woman; 16,007 were carried out because of risk of injury to the physical or mental health of existing children and sometimes other grounds (other than risk to the life of the woman); and 2,019 were carried out on the grounds of a substantial risk of the child being born abnormal together, sometimes, with a risk of injury to the physical or mental health of the woman. Five cases were on the grounds of emergency need. For other data *Hansard* should be consulted. Other answers on this subject were also given on the 31 January 1985.

ROBERT BLUGLASS

## *A Reply to Collegiate Trainees' Committee's Open Letter\**

DEAR DR HOLLYMAN

The likelihood of the Short Report recommendations soon being implemented across all Districts and Regions in all specialties seems remote. There is an awareness in manpower circles and the wider political arena that solutions to the career structure problems will need to be found in more detailed study of both training and service needs. Different solutions will be needed in different places in different specialties. On the current basis of a steady increase of about thirty-five new consultant posts in Mental Illness (Adult) a year, it would take about thirty years to double the existing consultant establishment. Many things will change during this time.

In spite of 'efforts to reduce junior posts without consultant expansion', there is very little evidence of any success in this exercise. In the past twelve years the numbers of consultants in psychiatry have increased by a total of 60 per cent (at an annual rate higher than that of other medical specialties). Some 200-300 new consultant posts are being established each year across all specialties, but only a handful of junior posts across the specialty spectrum have been closed. These have been in those specialties which are much more overendowed in the junior grades than psychiatry, which may throw some light on why there has been so little 'protest' in the College.

The College Manpower Committee is in the process of revising the College's norms which were set in the mid-seventies. There are many reasons why the recommendations about the number of consultants per 100,000 of population served

are likely to be in an upward direction, e.g. increased community-based work, increasing numbers of elderly in the population, the 1983 Mental Health Act and its demand on consultant time. There is also the possibility that some consultants will work in the future with smaller teams (multi-disciplinary) than hitherto. The College will press for a further increase in the number of consultant posts and in the number of senior registrar posts. Without this expansion there will be a danger of producing too many well trained registrars who will be unable to obtain senior registrar posts.

There are some members of the College who do not see the prospect of work without the support of trainees as 'an unpalatable reality'. Given an adequate number of consultants in post, so that the population to be served by consultants without junior staff (perhaps with clinical assistants or associate specialists attached to them) was not excessive, there are those who might welcome an opportunity to work without a responsibility for training and the necessity of covering junior staff. In some areas it has been difficult to recruit good trainees. A few College members are already contributing to the introduction of 'this model of service', i.e. consultant provided without trainees. In the N.E. Region there is a proposal for such a service based at Hartlepool which will be staffed predominantly by senior lecturer/consultants without trainees. This experiment will obviously be closely monitored by the College.

Yours sincerely

THOMAS BEWLEY  
President

\*The Collegiate Trainees' Committee's open letter to the President was published in February (*Bulletin*, February 1985, 9, 34).