

Reviews

Report of the Review of Rampton Hospital. DHSS, Cmnd. 8073. November 1980. HMSO. £6.70.

The Secretary of State for Social Services saw a preview of the film 'The Secret Hospital' and one day before it was shown by Independent Television on 22nd May, 1979 he announced the setting-up of a review team. He also referred allegations of ill-treatment contained in the documentary to the Director of Public Prosecutions. By forcing these measures investigative journalism achieved a notable success.

If the Special Hospitals have a reason for existing it is to provide treatment and care in conditions of security, but at Rampton Hospital both these roles are criticized. It was found that treatment—whether medical or nursing, or care and training under medical supervision—played only a small part in the patients' life compared with the 'Rampton system'. Thus patients were subject to an elaborate system of incentives and disincentives built into every aspect of their life, by which they were encouraged to conform to the norms of behaviour which the nursing staff considered appropriate. The second element, security, was also used in a negative manner and applied indiscriminately to resist measures which would give a better quality of life to patients. This report of the Review of Rampton Hospital (the Boynton Report) prefaces each critical discussion with a qualification that pays tribute to the creditable work done by some individuals and organizations within the hospital, such as the social work and education departments, the villas and female wards. However, the Report is, in almost every detail, a description of a total institution.

In revealing practices that were both unkind and punitive the Report contains a whole vocabulary of synonyms and relatives for such adjectives as 'authoritarian', 'custodial', 'conformable'. Life was made difficult for visitors as well as patients in that on four of the ten visiting days each month only private taxis were available to make the twelve-mile journey from and to Retford, the nearest town.

The doctors

Members of the review team were critical of medical staff who showed rivalry on a personal level and divisions between consultants and medical assistants. Professional leadership was sadly deficient and clashes led to a lack of consensus and an absence of coherent policies. On the wards the moralistic and judgemental attitudes of staff went unchallenged and it was evident that some medical appointments had been made on the grounds of expediency rather than suitability. A consultant might only have contact with his patients on three occasions during their stay when he sat as chairman of a case discussion—the planning conference after admission, the villa conference, and the discharge

conference—with the patient dressed in Sunday best before him.

The nurses

Senior nurses with a strong affiliation to the Prison Officers' Association filled the leadership vacuum. Even their uniforms gave a symbolic expression of the custodial aspects of their role. A family tradition of working at Rampton Hospital was established and the system of internal promotion discouraged outsiders from applying for vacancies. Although two-thirds of the male patients were diagnosed as mentally ill or psychopathic, the Rampton Hospital staff, recruited almost exclusively from its own school of nursing, could only register or enrol with the General Nursing Council as having received training in mental subnormality. The nurses were employed on two complete day shifts (7.47 am-9.30 pm) whose duration meant that they only worked alternate days. For patients this practice meant spending almost half the day locked in bedrooms, rushed morning duties, an inability to use properly the education department, and other routines which jeopardized efforts to prepare patients for life in the outside world. For the nurses the long shift system created the opportunity for husbands and wives to work alternate days and it allowed nurses to take a second job on their day off.

The patients' life

Patients' passage through the hospital was governed by the principle that amenities and privileges were used as rewards and punishments to encourage conformity to the Rampton system. Thus transfer from the admission wards to the block wards after four to six months was recommended if there was progress—in the sense of conformity of a degree considered satisfactory by the staff. On the block wards too there was an inflexible insistence on compliance: benefits were distributed on the staff's imposed and artificial standards of good behaviour, while the punishments were an unacceptably harsh regime. Individuality was suppressed, dressing was undignified, food was served objectionably and silence imposed during meals.

Everywhere inflexible and authoritarian staff demeaned patients by insistence on obedience and acceptance of rigid rules such as wearing a tie at all times. Another humiliating custom was that having lit a cigarette in a corridor where the light was situated the patient waited on the threshold of the room and addressed the staff: 'Please can I come in, sir?'. On one ward cleaning was performed to a standard usually seen only in operating theatres. The floors received most attention and patients cleaned them daily on their hands and knees. After about 40 months in this environment, which lay within the inner high security area, patients were moved to the villa wards.

Administration

Unfortunately the most influential committee, the Hospital Policy Committee, was not chaired by a member of the staff of Rampton Hospital but by an assistant secretary from the DHSS. 'MHC' branch of the Mental Health Division of the DHSS was administratively responsible for the management of the Special Hospitals and was headed by the same assistant secretary. However, in practice the Special Hospitals were not led by an established group, but by an informal office committee (SHOC: Special Hospitals' Office Committee). SHOC had no statutory definition of its constitution, no identifiable role of function, and meetings were held as and when necessary without a formal record being kept. The same assistant secretary was a member of SHOC and managerial accountability passed upwards to an under-secretary (mental health), a deputy-secretary (service development), a permanent secretary, and the Secretary of State. Committees in the hospital lacked medical input and direction, and there was no proper complaints procedure. Most significantly, the hospital's activities remained beyond regular and authorized public scrutiny.

In the absence of united and strong senior management at a hospital level the initiative was taken by officials of the Prison Officers' Association. With this backing staff were successful in resisting the changes recommended in two confidential documents: the Hospital Advisory Service (1971) and the report of an experienced hospital administrator (Elliott, 1973).

Unlike its predecessors, the Boynton Report does not rely on the DHSS to implement the necessary changes. It requests the Secretary of State to delegate to a new Rampton Review Board most of his statutory responsibilities for the hospital's management. This Board would be charged with ensuring that the proposals in the report are implemented and that they do not become merely reading matter for later committees. The Report envisages that a medical director will provide the overall co-ordination and leadership which Rampton Hospital requires, but believes that this task will not be possible without the support and guidance of a Review Board.

What prevents responsible management?

Readers are urged to study the Boynton Report because this review has not attempted to discuss those aspects of

Rampton which were praised, nor to summarize the recommendations of the review team. The Report demands an answer to the question: Why did it take a television production team to open the prospect of change in the Rampton system? Most patients are sent to Rampton by the courts, and for them the intention declared in Part V of the Mental Health Act (1959) regarding the admission of persons concerned in criminal proceedings must have a particularly hollow ring. On the surface there was apparently liberal legislation to deal with mentally abnormal offenders but within the 'Secret Hospital' a reactionary nightmare has been uncovered. Is this not partly a matter of financial discrimination and political expediency?

The type of patient admitted to Rampton Hospital occupies a lowly position in the hierarchy of priorities within psychiatry, and any second-class group gets second-class services. Outside the Special Hospital system regional security units are now providing the focus for developments in forensic psychiatry. Their character depends on financial discrimination in their favour: what will be their fate when it is no longer expedient to offer this priority and they are forced to compete with other healthcare services?

Of course there are trends within psychiatry itself towards the dumping of certain groups of objecting and objectionable patients; so-called medicalization as a route to greater acceptance of psychiatrists by the medical fraternity; the need for therapeutic or rehabilitative responses; the wholesale acceptance of bastardized psychotherapeutics and the run-down of secure facilities. But the scandal of the 122 patients detained in Rampton although approved for transfer to NHS hospitals was not a cause of the hospital's shortcomings, but rather another sign of the thinking which regards some citizens as fifth rate and to be managed accordingly.

Responsibility is a word much to the fore when salaries are being negotiated. It should imply not only duty and trust but also accountability. Responsibility for Rampton lay with senior management locally and with officials within the DHSS. It is not a time for Watergate defences—after Farleigh, Whittingham, St Augustine's and Normansfield the facts are known. Why could not these managers act?

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Forthcoming Events

The first international symposium on **Gilles de la Tourette's Syndrome** will be held in New York City from 28 to 29 May, 1981. Information: Arnold Friedhoff, MD, Director, Millhauser Laboratories, New York University School of Medicine, 550 First Avenue, NY 10016, USA.

An international symposium on '**Typical and Atypical Antidepressants**' will be held in Taormina, Sicily from 25 to 29 March 1981. Information: Dr Giorgio Racagni, Institute of Pharmacology and Pharmacognosy, University of Milan, Via A. Del Sarto 21, 20129 Milan, Italy.

Printed in Great Britain by Headley Brothers Ltd The Invicta Press Ashford Kent and London