Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital

Comments of the Royal College of Psychiatrists

1. Like many others, the College is horrified by the revelations about the scale and extent of dangerous, corrupting and criminal behaviour at the Personality Disorder Unit in the Hospital and the failure of the Unit's staff either to control or even to realise what was going on.
2. We accept the Inquiry's criticisms of the former Clinical Manager of the Personality Disorder Unit. He was an experienced forensic psychiatrist and his performance both as clinical manager and as responsible medical officer was seriously deficient. We also accept that some, but by no means all, of the other consultant psychiatrists working at Ashworth Hospital at the time of these events were not performing at the level to be expected of a National Health Service (NHS) consultant. The fact that several had had no forensic training before being appointed almost certainly contributed to this.
3. We agree with Judge Fallon and his colleagues, however, that:

   > "the principal villain of the piece at Ashworth was the system, rather than any particular individual or individuals."

4. All the special hospitals have to conduct a delicate balancing act between the requirement for high security and the need for treatment and rehabilitation. There is a depressing cycle in which a breakdown in security leads, as here, to an inquiry demanding much tighter security, which then leads to the development of a harsh, rather brutal regime, with the result that the next scandal and the next inquiry demands that the regime be liberalised and more emphasis given to treatment. In the College's view there is insufficient recognition in the Report of the role of the previous Blom-Cooper Report and the firm backing it received (or at least that the hospital staff believed it received) from the then Secretary of State for the hospital's regime to be 'liberalised' as quickly as possible. In our view this made it almost inevitable that the next scandal would be concerned with a breakdown in security.
5. We agree with Judge Fallon and his colleagues that: special hospitals are extremely difficult to manage in their current form. They are too large and complex, especially when the very different needs of patients with mental illnesses and people with personality disorders have to be met by the same institution. In the College's view hospitals catering for these very difficult patients should not contain more than 200–250 beds. They should also be integrated not only with the NHS in general, but with forensic mental health services and medium secure units, which would facilitate transfer of patients from one level of security to another.
6. We note the recommendation of the Inquiry that Ashworth Hospital should close completely at the earliest opportunity, and that this has been rejected by the Secretary of State. The College is similarly unconvinced that closure is the best solution, even if it were feasible, and we await the developments that will necessarily flow from the merger of the hospital with Mental Health Services of Salford NHS Trust. However, whatever new managerial arrangements and service configurations are finally adopted for the patients currently in Ashworth and the other special hospitals, it needs to be understood, both by ministers and by the general public, that there are no risk-free strategies, particularly for the long-term management of people with serious personality disorders. The problems posed by this group of offenders are so great that serious incidents of one kind or another are bound to occur from time to time.
7. The College will do all it can to raise the morale of the consultant staff of Ashworth Hospital and to encourage recruitment. We will also consider whether any changes need to be made to the training of

https://doi.org/10.1192/pb.23.8.452 Published online by Cambridge University Press

forensic psychiatrists. Remarkably, under the circumstances, the hospital has already recruited some able consultant psychiatrists in the last two years and now has an energetic medical director. There are, however, a number of deep-seated problems which deter good forensic psychiatrists from working in the special hospitals:

(i) Consultants are responsible for a more restricted range of patients than those working in other forensic settings. They also, inevitably, have less clinical responsibility for their patients. They have less control over who is admitted to or discharged from the hospital and spend a high proportion of their time writing reports – for hospital management, for the Home Office, for Mental Health Review Tribunals and for Courts.

(ii) The hospitals are isolated geographically, professionally and socially.

(iii) They also have a tarnished reputation, and anyone who commits themselves to working there must be apprehensive that before long there will be another scandal and another inquiry which may incriminate them.

8. We urge the Department of Health to consider establishing a university department of forensic psychiatry either in Manchester or in Liverpool with joint appointments to Ashworth. This has been done successfully both at Broadmoor, where Professor Taylor's joint appointment with the Institute of Psychiatry in London and the establishment of the Woodstock Unit has had a revitalising effect on the hospital, and at Rampton where Professor Cordess has a joint appointment with Sheffield University.
9. The Report comments that:

> "the College was unable to give us any guidance in our endeavour to elucidate the definition and treatment of personality disorder."

This is true, though several individual members and fellows gave evidence to the inquiry on these issues. The College did, however, set up a working party to produce a report on the definition and treatment of antisocial personality disorder in the autumn of 1997 and copies of the draft report of that working party were passed to senior officials in the Home Office and the Department of Health in November 1998. The final version of the report was approved by the College Council on 3 February 1999 and will be published as soon as possible.

10. In our view patients who are mentally ill and those with a primary diagnosis of personality disorder who offend and require treatment in a high security environment require different regimes (even though people with personality disorders are prone to overt illness of various kinds – episodes of depression and anxiety, transient psychotic states and dependence on alcohol and/or drugs). Men and women with severe personality disorders, many of whom are highly intelligent and adept at manipulating or exploiting others, require higher security than the mentally ill. The two need to be kept separate with provision for the transfer of patients between the two regimes as necessary.
11. We strongly agree with Judge Fallon and his colleagues that courts should no longer have the option of passing a Hospital Order on an offender with a personality disorder. The presence within the special hospitals of individuals who are unwilling to be treated and probably untreatable, and who have nevertheless to be retained indefinitely, is a recipe for disaster and was one of the cardinal underlying causes of the breakdown of law and order in the Personality Disorder Unit.
12. We do not wish to comment at this stage on the other legislative changes proposed in the Inquiry Report because we are aware that the government is currently considering more radical legislative proposals for the assessment, detention and treatment of offenders with severe personality disorders and a history of dangerous behaviour.
13. We agree that the concept of psychopathic disorder is obsolete and stigmatising and should be dropped from the Mental Health Act at the first opportunity.
14. We are concerned that there is little reference in the Inquiry Report to psychotherapy and none to forensic psychotherapy. The development of better therapeutic regimes for personality disordered offenders, and evaluation of these in well designed clinical trials, is going to be of pivotal importance in the future and this will require more trained forensic psychotherapists.
15. We are aware that a working party jointly chaired by Dr Winyard and Dr Longfield, the Director of Prison Healthcare, recently recommended a form of partnership between the Prison Service and the NHS, and that their recommendations are currently being considered by ministers. We agree with Judge Fallon and his colleagues, though, that in the long run the NHS should assume responsibility for health care within prisons.
16. The report recommends that "the position of RMO should be an accredited post which is reviewed at no more than five yearly intervals". Judge Fallon and his colleagues may not have been aware that regular

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'revalidation' of all specialists is currently under active consideration by the General Medical Council and all the medical royal colleges. If this proves to be feasible and is introduced in the next few years it will automatically take care of this issue. Except in the context of regular revalidation of all specialists, we oppose this recommendation. It is not clear whether it is meant to apply only to the special hospitals or to all doctors acting as responsible medical officers under the terms of the Mental Health Act 1983. If the former, it will almost certainly inhibit recruitment to the special hospitals even further; if the latter it is even more inappropriate. The Ashworth Inquiry was concerned with events in one, very atypical hospital. It had no systematic information available to it about the level of competence of responsible medical officers working in other hospitals and institutions and no remit to make far reaching recommendations of this kind. In our view there are other more effective ways of dealing with suspected consultant incompetence, particularly in an era of 'clinical governance' in which chief executives and their 'designated senior clinicians' are formally responsible for the quality of clinical care within their trusts.

17. We agree that the powers and authority of the medical director of an NHS trust need to be more clearly defined.

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