PARLIAMENTARY NEWS

(as reported to the Public Policy Committee)

Mental Health Services

The *White Paper* embodying the Government's proposals for changes in the Mental Health Act was stated to be in preparation and likely to be published before the parliamentary recess. [It was in fact published on 13 September.] In the meantime, on 27 June, Mr G. Pattie brought in a Bill to amend the law on *Mental Health Review Tribunals*. It was to provide an automatic referral to a Tribunal within three months of admission and to make changes in procedure. He mentioned that WHO in a report on mental health legislation had compared this country 'less favourably' with some others. The Bill is, of course, unlikely to make progress this session.

A spate of questions to which written replies were given on 13 June included various aspects of the services. It was emphasized that the *Chronic Sick and Disabled Act* applied to mental no less than to physical disability. Particulars were given of a number of current *research studies* on prevention and on ECT. It was stated that only (or as many as) six large psychiatric hospitals had fewer than one consultant per 200 beds. Development of *community psychiatric nursing* varies between the English regions—in numbers per 100,000 population from 0·57 in the Northern Region to 2·90 in Wessex.

Mentally Abnormal Offenders

Debate

Two and a half years after the publication of the Butler Report, the House of Lords, on 22 March, found time for a debate on its recommendations. This was initiated by *Lord Allen of Abbeydale,* a former Permanent Under-Secretary to the Home Office.

After rehearsing the main recommendations, Lord Allen came to the crucial question of the disposal of those offenders found to be mentally abnormal, referred to the present 'reluctance of psychiatrists to take on the care of potentially violent patients' and pointed to the very slow progress there had been in providing regional secure units. He said that besides 'staff and trade union difficulties' there were 'reservations felt by the psychiatrists themselves' and asked whether there had been a change of heart among them.

The *Earl of Mansfield* spoke from his experience of the difficulties and hazards of court cases involving mental abnormality. He urged a better liaison between Crown and defence, and pointed to cases where the 'suspicious attitude' of the Crown was compounded 'when the expert, however distinguished, was well known for his aversion to bringing mentally unsound offenders to court at all'.

Lord Winstanley stressed that no administrative manoeuvring would be of use unless the present deficiencies and inadequacies in our resources were remedied. Somewhat surprisingly he said that he had frequently had to deal with relatives who asked questions as to whether a patient was detained and under which Section 'and it has been very difficult to get them the answers'.

The *Earl of Longford* spoke of his visits to Broadmoor and conversations with Dr McGrath. He had also visited the special unit at Knowle Hospital, but found that the doors were unlocked and the majority of the 14 patients 'voluntary'. He had spoken to the 'excellent shop stewards' there, and found them 'utterly against the Butler approach' (but he did not explain what alternative they favoured).

Lord Butler defended and clarified some of his Committee's proposals, but also pointed to the poor conditions existing in the Special Hospitals—at Broadmoor 'the most intolerable in the world'. He hoped also that the problem of 'the inadequate, rootless, often homeless schizophrenic' would be dealt with.

Lord Wells-Pestell, intervening at this point for the Government, said that the provision of secure units must be seen 'in the context of overall strategy' and must be an integral part of the psychiatric services. He tried to indicate the type of patients who would be admitted to these units—'most offenders are envisaged as continuing to be admitted to ordinary psychiatric hospitals or units, at least in the first instance'. He, too, was aware of the reluctance of staff to treat patients in conditions of security, or to treat disruptive or violent patients at all; he made no suggestions as to how these difficulties could be overcome. He referred to Dr Bluglass's papers, to the Glancy Report, and to the support given to the official policy by the Chairmen of RHAs and by the Royal College of Psychiatrists.

After several other peers had spoken, *Lord Harris of Greenwich* gave a further reply on behalf of the Government. After the usual reminder about financial constraints, and a reference to the forthcoming White Paper on the Review of the Mental Health Act, he explained some of the Government's decisions on Butler Committee recommendations. More proposals for the discharge of restricted patients

—but not all—would be referred to the Advisory Board. This Board will not, as Butler recommended, be involved in the recall of patients to hospital, but such patients will after recall be automatically referred to a Review Tribunal. Recommendations concerning 'unfit to plead' patients (i.e. that there should be a trial of the facts) are accepted in principle but with reservations on the details.

It is suggested that courts should have the power to make hospital orders even in the absence of evidence that a hospital place is available—the Home Office would then be responsible for obtaining a place. These suggestions will be set out in papers to be circulated for consultation to professional and other bodies concerned.

Lord Allen of Abbeydale, summing up the debate, referred to what Lord Longford had said about the shop stewards; unfortunately, he said, the problem would not go away, and the shop stewards were doing that very comforting thing—believing that someone else would cope.

Questions

A number of questions were asked in the House of Commons reflecting anxieties over the disposal of mentally abnormal offenders. Figures given at various times show that there are over 2,100 patients in the *Special Hospitals*, of whom over 200 are awaiting a place in an ordinary hospital—a few for over five years. The numbers awaiting *transfer fro.n prisons* is not known; medical officers have in many cases ceased to recommend transfer because they know that no place is likely to be available. A question was asked about Union insistence on a nurse accompanying a consultant visiting a prison for the purpose of assessing a prisoner's acceptability, and the reply was that this might be appropriate but that it was for the consultant to decide. A working group of representatives of the TUC, the RCPsych and other bodies has been set up to examine the difficulties experienced in establising *secure units*.

Miscellaneous information on crime

The names of the members of the *Advisory Council on the Penal System*, whose Report has been published, were given on 7 July. Dr P. D. Scott was a member until his death, and among other members were Mr Blom-Cooper, Lady Wootton and Professor Nigel Walker.

Figures for *crimes of violence* in London were given on 14 February. They increased from about 9,600 in 1974 to over 12,000 in 1976, but whereas in some boroughs the increase was gradual or insignificant, elsewhere (e.g. Kensington and Chelsea) there was a sudden rise to almost double in the last year.

On 21 July it was stated that combined *homicide* offences in England and Wales had increased by 15 per cent between 1976 and 1977.

On 9 February figures for *Scotland* showed an increase in homicide from 10 in 1957 to 83 in 1976, and of crimes of violence from 581 to 1,256 (now levelling out).

Since the passing of the *Suicide Act, 1961*, two persons have been given a suspended sentence of imprisonment for aiding or procuring a suicide, but no one has actually been imprisoned.

Mental Handicap

Questions in the House of Commons during the period have elicited a good deal of statistical information. The most extensive set of figures, occupying four pages of *Hansard*, were given in a written answer on 19 July—they gave for each mental handicap hospital, large or small, the total number of patients, number of children, and numbers of and percentages of nursing and para-medical staff. This detailed information was in reply to a question by Mr J. Ashley, who has been urging the total removal of all children from mental handicap hospitals. In January he got Mr Ennals to admit that the number of children who do require hospital care had been over-estimated. Discharges of children from hospitals have been fewer, presumably as the 'hard core' is being approached.

On 13 June a concerted move for information was made by a number of MPs, identical questions being asked for each of the Health Regions in England.

It was stated that there were now places for 37,600 persons in adult training centres; 11,700 places in local authority residential homes for adults, but only 2,200 residential places for children. The first two figures showed local authorities as being 'on target,' but they were lagging in their provision for children. However, the figures varied considerably among regions: for adults between 17·9 and 140·7 places per 100,000 population; for children between 1·6 and 9·0 places.

It was stated that the average cost per patient in hospitals in 1977 was £70 per week, and in hostels £45 per week.

The names of members of the panel for the *Development Team for the Mentally Handicapped* were given on 16 March. The medical members are Drs K. A. Day, W. R. McKibben, M. Myers, G. O'Gorman, B. E. Oliver, J. A. O. Russell and R. H. Gwyn-Williams. Its Report had at the time not yet been published. The Report of the (Jay) Committee of Inquiry into the Care and Treatment of the Mentally Handicapped is also awaited.

Figures relating to patients detained as Subnormal or Severely Subnormal under the Mental Health Act and to Tribunal applications (9 January) are of interest. 514 patients were detained under Section 26 and 721 under Sections 60 etc. There were 55 Tribunal applications from Section 26 patients and 38 from Section 60 patients, as well as 85 references to Tribunals relating to Section 65 patients.

There was a question on 12 January about the incidence of *Down's syndrome*—the number reported (a necessarily incomplete figure) had fallen from 547 in 1970 to 384 in 1976.

Addiction

Some particulars of *research* on alcoholism were given on 15 February. MRC projects were being undertaken into alcoholism and drinking habits in Camberwell, in the Shetlands, among distillery workers, and others.

Detoxification units have been set up in Leeds and Manchester.

It is still not considered advisable to include *barbiturates* under the Misuse of Drugs Act; the results of the CURB campaign have not yet been evaluated.

A single death doubtfully attributed to the effects of *thioridazine* was not thought to necessitate a special inquiry.

ALEXANDER WALK

THE PHARMACEUTICAL INDUSTRY AND SPONSORED MEETINGS

In 1968 a Medico-Pharmaceutical Forum was established jointly by the Royal Medical and Surgical Colleges, established Medical Institutions and representatives from the Pharmaceutical Industry, for the purpose of providing a setting for the discussion of problems of mutual interest to the medical profession and to the industry. In 1976 the Forum set up a Working Party 'to review the present and consider the desirable future role of the Pharmaceutical Industry in the continuing education of doctors and to make recommendations.' The Working Party's report was published in April 1978.* The Report includes an agreement between the Association of the British Pharmaceutical Industry, the National Association of Clinical Tutors and the Advisory Committee of Deans of the Council for Postgraduate Medical Education in England and Wales on the terms and conditions under which sponsorship of meetings in Postgraduate Medical Centres is permitted, as follows—(1) Meetings sponsored by a pharmaceutical house may be allowed subject to the decision of the clinical tutor or the local Postgraduate Medical Education Committee: (2) Arrangements for all sponsored meetings should always be made through the clinical tutor or the Committee, and staff from the sponsoring pharmaceutical house should be invited to attend: (3) Some vetting of lecture material and films should always be undertaken: (4) An independent opinion by a doctor sufficiently experienced in the topic should always be available at such meetings: (5) Publicity by the pharmaceutical house is allowed, but should be separate from the educational content of the meeting; (6) Sponsorship by the pharmaceutical house should be limited to the provision of light refreshments and the printing of programmes, and due acknowledgements should be made, and (7) Meetings sponsored to a greater extent than stated in paragraph 6 cannot be approved under Section 63; such meetings may be recognized for seniority payments (which are no longer linked with attendance at postgraduate educational sessions) and the postgraduate training allowance on application by the Postgraduate Dean to the DHSS.

The Education Committee understands that the payment of fees as well as travelling expenses to speakers may be included as part of the cost of running the meeting which a drug firm could be asked to pay. The main concern of the Council for Postgraduate Medical Education is to prevent the payment of speakers directly. In addition, although the Council's statement refers to meetings in Postgraduate Medical Centres, it is considered advisable to apply the same general rules to meetings held elsewhere, for example, in psychiatric hospitals. Postgraduate Deans would therefore wish to be informed of all arrangements involving a pharmaceutical house and would clearly prefer the financial transactions to be dealt with by their offices once the clinical tutor has negotiated the preliminary arrangements.

The Medico-Pharmaceutical Forum has expressed a willingness to try to help any tutors who experience difficulties with the arrangements.

E. B. O. SMITH

Secretary, Education Committee

*The Report is obtainable from The Medico-Pharmaceutical Forum, 1 Wimpole Street, London W1M 8AE—Price per copy £3.00.