

# *Parliamentary News*

*(October 1983–December 1983: Part 1)*

## **Police and Criminal Evidence Bill**

This Bill was read for the first time on 26 October 1983 and had its Second Reading in the House of Commons on 7 November 1983. The Home Secretary claimed that the Government's approach had been the same as that of the Royal Commission on Criminal Procedure. They have asked themselves what powers the police need to deal with the various situations that confront them, the safeguards necessary and they have taken full note of the views of the Commission and others in order to strike a balance. The Bill had lapsed while on Report at the Dissolution of the last Parliament and was not presented again. The first and largest part of the Bill laid down powers needed by the police for investigation of crime and the safeguards for individual citizens in respect of the exercise of each of these powers. It makes detailed provision for what the police may and may not do when searching persons and premises, when arresting persons suspected of crime, and when detaining them after arrest. The third part establishes a new Police Complaints Authority empowered to supervise the investigation of complaints against the police. The fourth part includes a provision for consultation between the police and the local community.

Mr. Gerald Kaufman referred to the changes in the new version of the Bill which considerably limit the grounds for an intimate personal search. However, the form of such a search is as objectionable as ever. An intimate search includes a physical examination of orifices. Such searches could never be justified without the informed consent of the suspect. The BMA had insisted that a search should always be carried out by a medical practitioner. However, the Bill empowered such searches to be carried out by a police constable. Concern was also expressed about the length of time for which a person could be held without charge under the Bill. In certain circumstances this could be for a period as long as 96 hours.

Other members referred to warrants to allow police to obtain confidential files in the case of serious arrestable offences. Warrants will not be available to the police except on the authority of a court, and the judge before granting the order for such a warrant will have to be satisfied that a serious arrestable offence has been committed, that the information served by the police relates specifically, not generally to that offence and that other methods of obtaining the evidence have been tried without success or have not been tried because they would have been bound to fail. Even when the warrant has been issued, the person concerned will have a seven-day period of grace before having to produce the evidence, with a statutory right of appeal against the order to a higher court. The power allows the obtaining of medical including mental health records.

## **Chairs of General Practice**

In reply to a question it was indicated that there are fourteen Chairs of General Practice in the United Kingdom.

## **Contraception (under age girls)**

On 10 and 11 November 1983 Members of Parliament presented sixteen petitions each of which drew the attention of the House to the opposition of the signatories to the DHSS Notice of 1980 which advised doctors that they may provide contraceptive drugs and devices to girls under the age of consent without their parents being consulted.

## **Liverpool Area Health Authority**

On 9 November 1983 the House of Commons debated health services in the Merseyside Region. Mr Gerald Bermingham expressed particular concern about the psychiatric services and the need for extra funding in his area (St Helens, South). The problems in this part of the country and the complexities of funding were discussed in detail.

## **Sexual assault cases in Scotland**

The Secretary of State for Scotland indicated that on 9 November 1983 the Scottish Department published the first report of a research study into the processing of sexual assault cases in the Scottish criminal justice system. It dealt with the police investigation of sexual assault cases. A further report on procurator fiscal and court procedures was awaited.

## **Solvent abuse**

The Motion for the Adjournment of the House on 9 November 1983 dealt with solvent abuse. There was a brief debate and Mr John Patten for the DHSS referred to a code of practice and guidelines for retailers in the sale of solvents and glues which had been drawn up with their co-operation. This was just one small but very important part of the overall action that the Government could take on this social problem. However, neither the Government nor the general public could expect shopkeepers to be society's policemen. Further action must be based on research and may or may not include further legislation. Action would also include prevention and education.

On 15 December 1983 the DHSS gave details of measures to be taken to tackle the problem of solvent misuse in England and Wales.

There was little support for new legislation covering various options discussed in consultation letters which had been sent out to many organizations—130 replies were

received. The Children's and Young Persons' Act 1969 already gave the police the power to detain in a place of safety any youngster in respect of whom they had reasonable cause to believe that certain conditions are satisfied. They include evidence that the young person's proper development is being avoidably prevented or neglected or his health is being avoidably impaired or neglected or he is being ill-treated. It is also possible to bring prosecution for an offence committed while under the influence of solvents, including offences of abusive, threatening or insulting behaviour likely to cause a breach of the peace, as well as acts of violence or criminal damage. In the light of the recent conviction of two shopkeepers in Scotland for selling solvent misuse kits the Government was examining urgently the case for introducing legislation to make it an offence to sell such kits in England and Wales.

What did emerge from consultation was the need for more information and guidance for parents and the professions and services involved to help them in using existing skills. There was also a need for resources and powers to co-operate more effectively in preventing and coping with solvent misuse. There was much support for the Government's policy which is, through education and persuasion, to help the helpers to enable young people to avoid or give up the habit. Details were given of steps already taken to improve the information available to contribute to training and to encourage local co-operation. There were also details of specific consultations and additional measures put in hand by the DHSS or the Home Office. This included reiteration of the Government's offer to fund suitable research and small local studies within the funds available. An offer was also made to contribute to the cost of some regional seminars convened by health or local authorities to promote the wider use of training aids which are already being provided for professionals. Consultations with representatives of retailers and manufacturers resulted in their general agreement to guidelines on voluntary restraint on retail sales.

#### **Elderly mentally ill persons**

In reply to a question on 15 November 1983, Mr Kenneth Clarke referred to the initiative launched earlier in the year to stimulate the development of comprehensive services for the elderly mentally ill. £6 million was offered over three years to encourage health and social service authorities to plan together in every NHS region. So far 27 schemes had been launched and roughly similar sums of money have been made available to each region, but regions have been able to choose whether to apply the whole sum to a single district or to divide it. Twenty-seven schemes had been approved for a share of the special funding.

#### **Children (medical treatment)**

The Minister of Health said that he had no plans to introduce legislation to make it obligatory for written parental consent to be obtained for all forms of medical treatment for children under the age of 16 years.

#### **Mentally handicapped persons (Wales)**

The Secretary of State for Wales referred to the All Wales Advisory Panel on development of services for the mentally handicapped. There are fifteen members including Dr William Spry, Consultant Psychiatrist.

#### **Prohibition of Female Circumcision Bill**

This Bill was read for the first time on 26 October 1983 and was given its Second Reading in the House of Lords and received general support. Baroness Cox gave a helpful and interesting review of the background to the practice of female circumcision and referred to the immediate and short-term physical complications and to the psychological and especially psychosexual problems which may result. Lord Glenarthur, for the Government, indicated the Government's support and that it would assist the sponsors of the Bill in drafting.

#### **Alcohol misuse**

On 16 November 1983 Mr John Patten (DHSS) announced the establishment of the National Agency on Alcohol Misuse to replace and build upon the work of the Alcohol Education Centre, the Federation of Alcoholic Rehabilitation Establishments and the National Council on Alcoholism. The Government's approach to the problems caused by the misuse of alcohol are set out in the discussion document 'Drinking Sensibly'.

#### **Overseas doctors**

On 16 November 1983 the Minister of Health said that he would not introduce interim measures to prevent hardship to any overseas doctors whose period of limitation of registration expires early in 1984. He said that if, having completed the maximum aggregate period of five years allowed on limited registration, a doctor failed to transfer to full registration he could not continue to practise as a registered medical practitioner in this country. He would be free to seek other employment here. He would not be obliged to return to his own country although if he wished to continue to practice medicine he may do so.

#### **Appointments to Health Authorities**

In reply to a question by Mr Michael Meacher, the new Opposition spokesman on Health, the Minister listed the names of all persons who have been appointed to regional health authorities since 1979. The only psychiatrist in the list, appointed to any regional health authority since 1979, is Dr J. J. Walsh, Yorkshire Region.

#### **Mental health: Richmond Fellowship Inquiry**

On 29 November 1983 Lord Beswick asked a question and initiated a debate in the House of Lords on the recent report of the Richmond Fellowship Inquiry on Mental Health and the Community. The report asserted that the

mental health services were in a situation of crisis and made recommendations as to how the essential community care in this field should be structured, supervised and financed. It also recommended that there should be a Minister with special responsibility for mental health. A number of Peers spoke in the debate, including Lord Richardson, who drew attention to the need for a core of information training common to all the professions concerned in mental health care. Others were concerned about the closure of hospitals before community care was properly organized and financed. All the speakers commended the work done by the Richmond Fellowship.

#### Shoplifting

On 5 December 1983 Mr Mellor (Home Office) replied to a question on shoplifting in persons aged 70 and over. The number of shoplifting offenders prosecuted as a proportion of those who were prosecuted or cautioned, decreased from 27 per cent in 1980 to 21 per cent in 1982. Police cautioning practice in England and Wales was being reviewed. Details were given of persons aged 70 and over proceeded against in the magistrates' courts or cautioned for offences of shoplifting in England and Wales.

Year	Proceeded against	Cautioned
1980	916	2478
1981	672	2277
1982	626	2357

The decision whether to prosecute on behalf of the Crown in any case of alleged theft is a matter for the chief officer of the police concerned. Private prosecutions do not require his approval although the police may provide the prosecutor with assistance where appropriate. The Commissioner of Police of the Metropolis has indicated that in the Metropolitan Police District large stores and supermarkets are expected to undertake their own prosecutions for shop thefts unless there are special circumstances. No such general policy exists in other police forces in England and Wales, although as a matter of practice some large stores in provincial cities routinely undertake prosecutions for shop thefts. Apart from these routine practices in London and elsewhere relating to large stores, some other private prosecutions take place in all parts of the country.

Previously, on 28 November 1983, the minister said that in 1982 about 500 persons in the age group were found guilty of shoplifting at magistrates' courts or Crown courts.

#### Europe Chair of Rehabilitation

Mr John Patten (DHSS) said that Southampton University has made an appointment to this new Chair and the new Professor, Dr D. L. McLellan, is to take up his post before the Spring. The DHSS and the Southampton and South West Hampshire Health Authority is to provide sub-

stantial financial support to increase the clinical back up facilities available to the Professor. The Chair will provide a national focus for developing rehabilitation services and to influence the teaching and practice of rehabilitation medicine.

#### Tavistock Clinic

Mrs Renée Short asked about the future of the Tavistock Clinic. The Minister said that the Clinic is funded by Hampstead Health Authority and funding has not been withdrawn. The District is considering making an application for central funding of the Clinic in recognition of its national training role.

#### Worcester Development Project

The Minister of Health was asked on 7 December 1983 what he considered to be the major lessons in terms of both achievement and failure of the Worcester Development Project.

In reply, the Minister said that the Worcester Development Project was designed (in the words of Mr Kenneth Robinson, then Minister of Health) 'to demonstrate how the problems of transition from the old to a modern comprehensive psychiatric service can be identified and solved in a co-operative exercise' involving health and local authorities.

The main achievement is that such a modern comprehensive service now exists in Worcester and Kidderminster districts, and research studies, which are part of the project, suggest that in these areas it is serving local people well.

The main failures were that the planning and building of the main element took much longer than expected, and that the expected closure of Powick Hospital, following transfer of the remaining 'old long-stay' patients elsewhere, has never taken place. The 1970 forecast that the number of in-patients at Powick Hospital would fall to 250 by 1980-81 proved precisely accurate. The intention was that at that stage another mental illness hospital would take the remaining patients requiring continuing in-patient care, so that Powick Hospital could be closed. This has not in fact happened and Worcester Health Authority has, until very recently, still been considering a number of possible changes, including the use of Powick for another purpose. The Minister understood that proposals were at last agreed by the Regional Health Authority in the previous week and had now been put forward to the Department. He hoped that they would provide a clear basis for sensible progress.

The detailed work of converting the 1970 blueprint into the 1983 reality had taught many lessons, as the various research studies arising from the project demonstrated. Some lessons with resource implications were that the DHSS had overestimated the need for short-stay beds, and probably for day hospital and day centre places; whilst the need for beds for the psychiatry of old age, and for home-like accommodation for people with chronic illnesses was under-

estimated. These conclusions are broadly in line with those reached by studies elsewhere. Research studies were continuing under Professor Brockington and Professor Wing, and would include studies to evaluate services to particular groups. Though generally, he hoped that policies would gain in realism from the experience of events in the county of Worcester during the 'co-operative exercise'. The lesson there was that it is too simple to talk as if 'bridging finance' was all that was needed for the closure of old hospitals and the building of modern comprehensive services. All authorities who would be involved need to be party to the plans and to be committed to seeing them through, and the plans needed to be carefully judged to match the needs and ensure that the resources shifted to match the interest of the psychiatric patients.

#### **Mental hospital closures: Epsom**

In the House of Lords on 7 December 1983 Lord Molloy asked the Government to re-examine the decision of the South West Thames Regional Health Authority to close six psychiatric and mental hospitals and homes in Epsom, Surrey. He spoke at length expressing his concern at reports resulting from the RHA's Mental Illness Working Party and Mental Handicap Working Party and their apparent proposals to switch care to the community and to close hospitals releasing financial resources from the sale of buildings and land. A number of Peers took part in the subsequent debate and one noted that only twelve members of the House of Lords were present in the Chamber. Lord Glenarthur replied for the Government who recognized the need for in-patient facilities but pointed to the steadily reducing number of long-stay patients and the pressing need to provide more appropriate types of care within each Health District. As a result two Regional Working Parties had been set up by South West Thames RHA to advise on the future pattern of services for the mentally ill and mentally handicapped. Although their recommendations had been adopted as regional policy it did not mean that a number of large hospitals would be closed overnight and patients discharged into the community without adequate care. It was likely that some of the existing hospitals in and around Epsom would not be required in the longer term, but South West Thames had no definite plans yet for closing any individual hospital and disposing of the property and land. The only firm proposal so far concerned the closure of Banstead Hospital when patients would be transferred to Horton Hospital. In the longer term, inappropriately placed patients would be moved to a suitable environment in the community. This was the Government's long-term aim.

#### **Geriatric care: Wales**

In reply to a question on 16 December 1983, the Secretary of State for Wales gave details of the bed occupancy in Welsh hospitals by elderly patients and specifically referred to the percentage of beds in psychiatric

hospitals and units occupied by patients aged 75 and over. This was derived from a census carried out in these hospitals and units on the 5 April 1983. The percentages were as follows:

Clwyd	16.1%
East Dyfed	27.1%
Gwent	30.7%
Mid-Glamorgan	26.6%
Powys	21.1%
South Glamorgan	29.1%
West Glamorgan	33.9%
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Wales	26.4%
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There are no mental illness hospitals or units in Pembroke and Gwynedd.

#### **Elderly women (knickers)**

On 13 December 1983 Mr Dobson asked the Secretary of State (DHSS) how many hospitals were attempting to save money by providing communal rather than personal knickers for women patients over 60 years of age. The Minister said that the information was not available.

#### **Long-stay mental handicap hospitals**

On 12 December 1983 Mr Patten (DHSS) replied to a question and published detailed tables in *Hansard* of discharges and deaths in mental handicap hospitals and units in England by regional health authority and health district.

#### **Health Advisory Service**

On 12 December 1983 the Minister of Health announced that it had been decided that HAS reports on visits to services in England and Wales would in future be published.

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

Replying to a question by Mr Harvey Proctor on 13 December 1983, the Minister of Health gave details of the progress that had been made in implementing the new Act. This included the various Orders and Regulations, the new forms and leaflets and the commencement of work by the Mental Health Act Commission. He said that the Government was anxious to implement Sections 35 and 36 which relate to remands to hospital for reports and treatment and Section 38 which dealt with interim hospital orders. The Government was anxious to try and improve the arrangements to ensure that people who should be in hospital were placed there rather than in prison.

#### **Hospital patients in Wales**

In response to questions the Secretary of State for Wales published detailed tables in Issue 1294 of *Hansard* giving

figures for the admission by sex, age, area of treatment and county of residence for the latest year for which figures were available with respect to mental illness hospitals and units in Wales. Further tables give a diagnostic breakdown.

#### **Medical schools**

Replying to a question from Dr David Owen, Sir Keith Joseph of the Department of Education said that it is provisionally estimated that 3962 undergraduate new entrants were admitted to courses of pre-clinical medicine in 1983–84 in universities in Great Britain.

#### **Children (evidence in court)**

The Home Secretary was asked on 22 December 1983 whether he would consider introducing legislation to limit the damage which may be caused to children called to give evidence in open court. He said that the giving of evidence by children and young people in any case involving an offence against decency or morality is already regulated by Section 37 of the Children and Young Persons Act 1933. This provides that the court may be cleared while this takes place. Although the Section does not give power to exclude

the Press, Section 39 of the same Act (amended by Section 57 of the Children's and Young Persons' Act 1963) provides that the court may direct that no newspaper or broadcast report should give any particulars calculated to lead to the identification of any child or young person in the proceedings. Courts are aware of the need to do everything possible to mitigate the ordeal for a child witness, particularly in cases concerning sexual offences. The Government had no present plans for further legislation.

#### **NHS (clinical psychologists)**

On 22 December 1983 Mr John Patten (DHSS) gave figures for the number of clinical psychologists in each NHS region as on 30 September 1982. The details are published in *Hansard* and in summary indicate that there were 1319 in England, 151 in Scotland and 75 clinical psychologists employed by the NHS in Wales: a total of 1545.

#### **Christmas adjournment**

Parliament adjourned for the Christmas Recess from 22 December 1983 until 16 January 1984.

ROBERT BLUGLASS

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## ***News Items***

### ***'Consent to Treatment: Questions and Answers'***

The last booklet in the Smith Kline & French Publications Series, 'Services to Psychiatry' (edited by Professor R. G. Priest), is entitled '*Consent to Treatment: Questions and Answers—The Mental Health Act 1983*', written by Dr John R. Hamilton, Medical Director of Broadmoor Hospital. The question and answer format of this booklet has been specially planned to lead practitioners step-by-step through the decision-making process and thus help them in using the new law. The publication is available, free of charge, from: Alan R. Chandler, Manager, Publicity and Promotions, Smith Kline & French Laboratories Ltd., Mundells, Welwyn Garden City, Herts AL7 1EY.

### ***Research at the Stoke Park Group of Hospitals***

Last year the Stoke Park Group of Hospitals produced a short report listing the published and other works and ongoing research which has been carried out since 1980 at the Stoke Park Group of Hospitals and the Department of Mental Health (Mental Handicap) at the University of Bristol. Copies of the leaflet are available from Dr J. Jancar, Stoke Park Hospital, Stapleton, Bristol BS16 1QU.

### ***B. B. Zeitlyn Psychotherapy Training Fund***

A fund has been set up for those living in Cambridge and East Anglia who wish to train as psychotherapists. Monies

are available as in interest free loan to be repaid within five years of completion of training.

Applications must be received by 14 May 1984, and loans to successful applicants will be offered from 1 September 1984.

Those interested should write for further details to: Honorary Secretary, Erika Weiss, 8 Clare Road, Newnham, Cambridge CB3 9HN (telephone: 0233-358132).

### ***Valerie Callis Trust Fund (£2,000)***

Applications are invited for this award, which should be related to proposed or current work on a specific project in the field of depression, alcoholism or self-help groups. The award may be renewable annually, but would need prior agreement from the Local Ethical Research Committee.

Please send outline of project of not more than 200 words to Dr Desmond Kelly, The Priory Hospital, Priory Lane, London SW15 5JJ. Application forms will be available after initial screening by the trustees.

### ***For Sale: Bound Copies of the 'Journal'***

Dr H. Stalker, 9 Pitcullen Terrace, Perth PH2 7EQ offers for sale the *Journal of Mental Science/British Journal of Psychiatry*, 1873 to date—all in good condition, nearly complete and nearly all bound.