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THE BULLETIN

OF THE

ROYAL COLLEGE OF PSYCHIATRISTS

COLLEGE NEWS

PRESIDENT'S PRESS

The last few weeks have been hectic for Officers and staff at Belgrave Square because of the debate on the White Paper on 22 February. The report of our Working Party had luckily been published beforehand so it was in the hands of 200 or so MP's who belong to the All-Party Mental Health Group. We also met a few of this group the week before the debate, and some of you may have seen press notices following our press conference. The main public debate has so far been about the controversial issue of a multi-disciplinary panel providing mandatory second opinions for certain so far unspecified categories of 'irreversible, hazardous or unproven' treatments when they are to be given to detained patients against their will. The pro's and con's of all this are discussed elsewhere and there is no need for me to go over it all again. It is not difficult to see the issue as part of a human rights campaign against professionals and link it in a paranoid way with the question of matters of clinical judgment being referred to the Health Commissioner (Ombudsman). I often teach that all paranoid ideas are true (because patients unconsciously engineer the situation that makes them suspicous), so I leave it to the reader to guess how far he thinks this point of view applies to us. It is a pity that many more important issues worthy of calmer discussion between psychiatrists and those who represent our patients in and out of the House of Commons may easily get lost in a heated debate on this one issue.

I am writing this at the end of March and having what may be described as second thoughts on the White Paper. I have been struck by the emergence of a

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novel idea (at least I think it's novel, but maybe it isn't—and that is whether there is a case for a third type of compulsory 'social treatment'. There is compulsory confinement with attempts at rehabilitation in the legal setting for persons who have committed crimes; and there is compulsory medical treatment for persons suffering from mental illness susceptible to treatment (or hopefully so). We are all familiar with awkward in-between groups of persons (for example, some psychopaths and mentally handicapped people) who can't be dealt with by the Courts because they commit no crime or only trivial offences, and who aren't mentally 'ill'—but they are clearly incapable of looking after themselves in open society at least for much of the time, and they cannot or will not accept informal, voluntary care. Is there a case for compulsory treatment on social grounds only, without reference to 'illness' and therefore nothing to do with doctors or hospitals? The germ of this idea already exists in Guardianship powers of somewhat draconian form which we are reluctant to use, and even the various watered-down alternatives in the White Paper are not being greeted with much enthusiasm by psychiatrists.

Several years ago I suggested that psychologists and sociologists should try broadening and lengthening their training, making the psycho-social equivalent of the teaching hospital out of an amalgamation of clinical, educational, forensic psychologists' work, together with social service departments. The idea attracted some attention as several members of the British Psychological Society were already interested in similar plans for what they still call 'applied psychology'. (I think this is a misnomer—one might as well refer to medicine as only applied physiology). However, I don't think anyone had thought of such a psycho-social organization having legal powers to compel 'treatment'—it's a slightly macabre thought that if such an idea goes ahead, legislation should be effective by 1984.

I'm sure many of you noticed that the College reached a new pinnacle of fame by being mentioned in Trog's strip cartoon, 'Flook'. Perhaps that's something to do with the fact that the chief College Officers are now Tom and Jerry, who at least save us from some of the worst excesses of the Slough of

Des Pond.

PARLIAMENTARY NEWS

AMENDING THE MENTAL HEALTH ACT

The process of amending the Mental Health Act of 1959 is taking two different forms. In the first place, Mr. G. Pattie's Bill making limited changes received its Second Reading in the Commons on 2 February. Secondly, a full debate on the Government's White Paper took place on 22 February and the Government's intention—if returned to power at the forthcoming General Election—is to introduce an Amending Bill in the ensuing session.

The College's comments on the White Paper were published in the April issue of the *Bulletin*, and representatives of the College met members of the Parliamentary Mental Health Group on 14 February.

At the time of the Second Reading of Mr Pattie's Bill it was not known whether there would be an opportunity for a further debate on mental health subjects, and therefore discussion covered a wider range than the actual provisions of the Bill, and much of what was said was repeated in the later debate and so does not need summarizing separately.

Mr. Pattie's Bill

There are four proposals in the Bill, of which the first is to halve the length of the statutory periods of detention (i.e. to six months in the first instance and so on), and so also double the occasions on which a patient may appeal to a Tribunal. Mr. Pattie (and other Members) spoke of the need to 'improve Health Authority monitoring', as already suggested in the White Paper.

The second proposal is to amend Section 65, so that the purpose of the restriction on discharge should be 'the protection of the public from serious harm'. It appeared that in the past the Courts had made too many restriction orders where this was not really necessary.

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