

Parliamentary News

February 1985–July 1985: Part II

Controlled Drugs (Penalties) Bill

This Bill had its Third Reading on 19 April 1985. It seeks to increase to life imprisonment the maximum penalty available to the courts in sentencing people convicted of trafficking in Class A drugs, principally heroin and cocaine.

Solvent misuse

In reply to a question on 30 April 1985, Mr John Patten (DHSS) said that the Department was funding three studies into solvent misuse. One is under the direction of Professor R. H. Anderson, St George's Hospital, and he is investigating the effects of various teenage activities, including solvent misuse, on their health and educational performance. The Department is also funding a data collecting exercise to ascertain the numbers and causes of deaths from solvent misuse in the UK. Another small-scale exercise is being carried out by Miss B. Levey at the Brighton Drug Dependency Unit. Its purpose is to locate and describe the local population of substance misusers and to estimate the prevalence of misuse.

Holloway Prison

On 9 May 1985 Mrs Renée Short asked a number of questions about Holloway Prison. In a reply, Mr David Mellor (Home Office) said that there were no plans at present to increase the level of medical cover at Holloway and no intention to establish any special counselling and advisory services to help women there who have attempted self-mutilation. He gave the names of members of the Holloway Project Committee set up to review the role and future of Holloway Prison. This consists of eight members, principally drawn from the Prison Department together with Dr Pamela Mason, Director, Mental Health Division, DHSS.

On 23 July 1985, in reply to a question in the House of Lords, Lord Glenarthur said that the Government accepted a report from the Holloway Project Committee that C1 Unit for disturbed women prisoners is not currently meeting their needs as well as it should. An urgent assessment would be carried out to examine the feasibility of resiting the unit in purpose-built accommodation (in Holloway), and immediate steps will be taken to improve conditions at the present unit.

Speech impairment and loss

On 16 May 1985, a general debate took place in the House of Lords on the provision of speech therapists and services for problems arising from loss or impairment of speech. The debate is fully reported in the *House of Lords Weekly Hansard*, No 1289.

Mental Health Act 1983 (Orders)

On 17 May 1985, in response to parliamentary questions, the Minister of Health gave the following statistics. Between 30 September 1983 and 31 March 1984, four new Guardianship Orders under Section 37 of the Mental Health Act 1983

were accepted or approved by local authorities. Later figures are not yet available. In the period 1 November 1983 to 30 April 1985, 220 patients were discharged or transferred from Special Hospitals on the RMO's recommendation and 19 patients went to complete prison sentences when their RMO considered that they no longer needed treatment. A further 65 patients were discharged by Mental Health Review Tribunals—which may or may not have been the course favoured by the RMO. Mr Clarke said that delays in convening Tribunal hearings were not within the control of the DHSS. In some cases those representing applicants have required substantial time to prepare their cases. Delays which have occurred have in the main involved restricted patients, where the Tribunal President must be a judge. Some additional judge-time has been made available for dealing with these applications. There have been increases in the staff servicing tribunals and the DHSS have now authorized further increases. Other measures are also being taken to speed up the processing of applications and they would continue to monitor the situation closely. The Mental Health Act 1983 gave rise to a considerable increase in the work of tribunals. In 1984 they dealt with 2,208 cases compared with 911 in 1982. The 1984 figure included some 900 applications by patients detained under Section 2 of the Act which must be heard within seven days of receipt of the application.

Mental illness (Wales)

On 23 May 1985 the Secretary of State for Wales said in reply to a question, that all health authorities, local authorities and family practitioner committees are required by statute to form joint consultative committees which include representation of voluntary sector interests to develop services for the mentally ill. The arrangements below the level of JCCs for ensuring effective joint working are for authorities locally to decide. Much remains to be done to achieve the decentralized patterns of mental illness services which is their objective. Nonetheless, they were taking steps to ensure the co-ordinated development of services. These include: monitoring health authorities' strategic plans; the requirement placed on health authorities to re-invest the proceeds of the first 0.5 per cent of efficiency savings on developments in continuing care services for the mentally ill, mentally handicapped and elderly people; special funding of mental illness developments in the NHS in 1985–86 of almost £1 million; and Welsh Office contributions to jointly finance developments in social services a further £2 million in 1985–86. They had arranged for a further independent review of the mental illness services jointly by the NHS Health Advisory Service and the Social Work Service of the Welsh Office between 1985–86 and 1987, the reports of which will be published.

Closure of mental hospitals

On 24 May 1985, in reply to a question from Mrs Renée

Short, the Minister of Health said that between May 1979 and March 1985 31 mental hospitals and mental handicap hospitals were approved for closure. The details of these hospitals are given in *Hansard*, issue No 1349, cols 591 to 594.

Mental Health Service (Conference)

On 24 May 1985 in a Written Reply the Minister of Health reported on the conference held on 7 and 8 March 1985, organized jointly by the Royal College of Psychiatrists and the DHSS. He said that in considering the Government's response to the Social Services Committee Report on Community Care with special reference to adult mentally ill and mentally handicapped people, published on 28 February, they were taking account of points made at this conference.

Mentally disordered offenders

On 3 June 1985, in reply to a question, Mr Kenneth Clarke said that the DHSS had met representatives of each regional health authority to discuss their obligation to provide a comprehensive system of care for mentally disordered people, including offenders. The Mental Health Act 1983 did not provide courts with powers to direct regional health authorities to accept a mentally disordered offender into their care, but it did provide them with power, under Section 39, to require regional health authorities to provide them with information about the facilities available, in their areas or elsewhere, for persons in respect of whom the courts are minded to make a Hospital Order. In 1984 regional health authorities received requests from courts in respect of 29 such offenders, and few difficulties seem to have arisen in finding hospital places for offenders who were detainable under the Mental Health Act. Health authorities have no power to detain other mentally disordered offenders.

Complaints procedures: Special Hospitals

On 12 June 1985, Mr John Patten (DHSS) replied to a question about complaints procedures for hospitals directly managed by the DHSS. He said that each of the four Special Hospitals has established procedures for dealing with complaints. A proportion of complaints relating to these hospitals come direct to Ministers of officials of the Department, where procedures for dealing with them are also well established. In reporting in October 1984 on matters which he had been asked to investigate, the Parliamentary Commissioner for Administration expressed his satisfaction with the way complaints made by a patient in Broadmoor had been dealt with.

Mental Health Act 1983 (Code of Practice)

In reply to a question on this subject, the Minister of Health said (12 June 1985) that he understood that it may be some weeks before the Commission submits its draft code of practice. The DHSS had already received representations from professional organizations about the need for an adequate period of wider consultation before the code of practice is laid before Parliament.

Diminished responsibility

On 12 June 1985, Dr Norman Godman, MP asked the

Home Secretary if he had any plans to seek to change the law relating to the special verdict, disability in relation to trial and diminished responsibility recommendations, as recommended in the Report of the Committee on Mentally Abnormal Offenders. In reply, Mr David Mellor said that the Home Secretary had no present plans for legislation on these matters.

Mental Health Act and 'difficult to place' patients

On 19 June 1985, Mr Richard Ottaway (Nottingham, North) described in detail a problem relating to a constituent for whom a court wishes to find a hospital place but none could be found. The ensuing debate raised the question of the lack of facilities for some individuals who might be returned to the community. Section 39 of the Act places a duty on regional health authorities to respond to requests from courts for information about a hospital or hospitals within its region or elsewhere which could give accommodation to a person in respect of whom the court is considering a Hospital Order. Mr John Patten (DHSS) said that in the past year the Department had monitored the occasions when Section 39 had been invoked by the courts and the outcome. There have been only 29 requests for information by the courts; that represented just over half of the cases, 18 patients admitted to NHS hospitals. The DHSS had discretion as to whether or not to admit to Special Hospitals, subject to the advice of the Panel which assists Ministers.

Data Protection Act 1984

On 10 July 1985, in reply to a question, the Home Secretary said that he had that day made an Order under the Act appointing 11 November 1985 as the day on which applications for registration under the Act may begin to be made. Data users will have six months from that date within which to apply for registration.

Private mental health facilities

In reply to a question on 16 July 1985, Mr Kenneth Clarke said that the criteria for registering a private mental nursing home are for the district health authority in whose area the home is located to determine. It will have regard to the provisions of the Registered Homes Act 1984, the Nursing Homes and Mental Nursing Homes Regulations 1984 and the Mental Health Act 1983. He was satisfied that existing codes of practice were of sufficiently high standard without being too strict and that they could be enforced without new legislation. If there was a dispute between a proprietor and a local health authority the matter could be determined on appeal to the Registered Homes Tribunal, which the Government set up under the legislation that he set out.

St Thomas' Hospital: Future

On 22 July 1985, on a Motion from Lord Ennals, the House of Lords debated the future of St Thomas' Hospital, the South Western Hospital and the psychiatric unit at Tooting Bec. This debate is reported in *House of Lords Weekly Hansard*, No 1298.

Grendon Prison: Report of Advisory Committee

On 25 July 1985, Lord Glenarthur announced in the House of Lords that the first report of the Advisory Committee on Grendon Prison has been published that day. The Government accepted the broad thrust of its proposals, in particular the central recommendation that Grendon should continue to concentrate in the main on group therapy, with the therapeutic community constituting its predominant form of therapy. The Committee has also recommended that the arrangements for referral and induction of inmate patients should be improved; that the prison hospital should be reorganized and one floor converted to use as a small unit for the temporary care of inmates who suffer acute psychiatric breakdown elsewhere in the prison system; and that a research strategy and programme should be established with links with external academic departments.

Mental Health Act Commission

On 25 July 1985, the Minister of Health replied to a question by Mr Harvey Proctor and said that the estimated cost in 1985–86 of the Mental Health Commission is £1,022,000. Nineteen staff are employed at the three secretariat offices.

Seventy-one per cent of the total cost is for the fees and expenses of Commissioners and Second Opinion work. The remainder is for staff salaries, accommodation and general expenses.

Care of mentally ill and mentally handicapped

On 11 July 1985, Mrs Renée Short, Chairman of the Social Services Committee, initiated a debate on the Committee's report on the care of the mentally ill and the mentally handicapped. This was a wide-ranging debate which gave an opportunity for contributions from many Members, and it is not possible to summarize the contents in the space available here. The debate is reported in *Hansard*, Issue no 1355.

The House of Commons adjourned for the Summer Recess on the 26 July 1985 to reassemble on 21 October 1985. The House of Lords adjourned for a similar period. During the Summer Recess, on 2 September, in a Government reshuffle, Mr Barney Hayhoe, MP, previously Minister of State at the Treasury, replaced Mr Kenneth Clarke, QC as Minister of Health. Mr Clarke was appointed Paymaster General.

ROBERT BLUGLASS

Correspondence

Career structure and recruitment in psychiatry

DEAR SIRS

The Collegiate Trainees' Committee (CTC) has considered the President's reply to the Committee's Open Letter (*Bulletin*, June 1985, 9, 118), but fails to find it reassuring. The Committee senses a distinct lack of urgency in the College's view of the problems.

The recently published Fifth Report from the Social Services Committee recommends that the Government, through the NHS Management Board, issue clear guidance to regions on how they should fulfil the policy of expanding consultant numbers to correct the manpower imbalance. The new, effective and accountable management structure may well succeed where the old structure failed. As a result, the likelihood of the Short Report being implemented is not as 'remote' as the President suggests.

The CTC believes that the days of difficulties in recruiting suitable trainees to psychiatry are fast coming to an end; and indeed there is a bottleneck now at the transition from registrar to senior registrar. This could be turned to advantage if the College sought an urgent increase in consultant and senior registrar numbers. Thirty years is too long to wait for a realistic career structure and a better quality of service. The CTC wishes the College to back its policies with actions rather than words.

Expansion of senior grades would enable the College to use the approval exercise to trim the registrar grade, leaving a balanced number of posts of good training quality.

As for the consultant based service—the CTC agrees with the President that there are attractions as well as problems in

this form of working. However, the CTC believes that the College does not have time to monitor experiments one by one. If the College does not have proposals for running a consultant based service prepared, the NHS Management Board may well impose a medical staffing structure to run such a service. An imposed staffing structure may be to nobody's liking! Of course the College should monitor the developments in Hartlepool, but it should also be actively involved in promoting discussion, experiment, and evaluation in many areas.

JULIE A. HOLLYMAN
On behalf of the CTC

Collegiate Trainees' Committee
Royal College of Psychiatrists

Medical experience for the psychiatrist

DEAR SIRS

In replying to C. J. Thomas's article, 'Does Medicine Need Liaison Psychiatry?' (*Bulletin*, August 1985, 9, 157–158), I must take issue with Dr Thomas's imagined difficulties for the prospective psychiatrist to gain medical experience. These are of course present, but not insurmountable.

Having fully declared my interest in a career in psychiatry, I applied for and was appointed SHO in geriatrics at the hospital in which I had completed my medical house jobs, and at the end of that six months' appointment, I gained a place on their two-year general medical rotation specifically designed for training doctors to take the MRCP. I am very grateful to that hospital (East Birmingham) for the training opportunity