

## PARLIAMENTARY NEWS (April to July, 1977)

(As reported to the Public Policy Committee)

### Mental health services and mental illness hospitals

A concerted set of questions, all in identical terms, were asked, between 26 and 29 April, with some later ones, about expenditure on mental health services in each of the Regions, and figures for Regions and Areas were given in reply.

Following the recent mental hospital Inquiry reports, Mr Ennals has set up a working group 'to consider problems arising and the organization and management of mental (and also mental handicap) hospitals'. The following psychiatrists are serving on this Group: Drs T. Arie, W. A. L. Bowen, E. F. Carr (of the DHSS) and D. H. Clark.

It was stated on 19 July that, at the end of 1975, 8 per cent of hospital beds for the mentally ill were in general hospitals, and 30 per cent of admissions were to these beds.

Since 1959, 10 mental illness hospitals 'or units' and 17 mental handicap hospitals 'or units' have been closed.

On 28 June Mr Moyle outlined some of the research being done on the care of patients discharged from hospital and on the evaluation of new patterns of care and after-care, as well as of different approaches to residential care.

**Legislation.** The White Paper on amendments to the Mental Health Act is promised for later this year. **Psychogeriatrics.** On 19 July a number of questions were asked about psychogeriatric services, particularly assessment units, in various constituencies; the answer was in general terms and it was admitted that information was incomplete.

Questions asked on 17 May about psychogeriatric services in Hampshire received a more detailed reply. Here there are 828 beds available and staffed for elderly severely mentally infirm patients, and there are 48 community psychiatric nurses working for the AHA.

**Treatment.** On 19 May in reply to a question. Mr Moyle referred to the use of psychosurgery, reminded the questioner that the DHSS does not have policies on medical treatments, and stated that he had seen recent published studies suggesting that surgery was still of value in some intractable psychiatric conditions.

### Mental Handicap and Children

On 25 April Mr C. Shepherd, M.P. for Hereford, initiated an Adjournment Debate on the problems of mental handicap services in the (former) county, including among other matters the absence of any

outlet for school-leavers, the static population of the adult training centres and the absence of a mental handicap hospital any nearer than Kidderminster. His speech and Mr Moyle's reply on behalf of the DHSS gives a succinct description of the present situation in this field and should be read by all concerned.

Another Adjournment Debate on 26 April concerned the sad case of a woman patient with borderline mental handicap and severe epilepsy, who disappeared from a mental subnormality hospital in the Midlands and was subsequently found dead. The hospital was accused of lack of concern for her safety, but Mr Moyle's reply showed that this was not substantiated.

Routine questions on the development of services for the mentally handicapped were answered by reference to the White Paper and to the work of the National Development Group.

An intriguing question by Mr Patrick Jenkin on 28 July referred to a fall in the number of visits to mentally handicapped persons by health visitors between 1973 and 1976. The reason for this 'was not immediately apparent'.

An extensive debate on Disruptive Children and Young Persons took place in the Lords on 22 June, but little or nothing was said about any psychiatric aspects of the problem.

### Crime and Security

Asked about action on the *Butler Report*, Mr Moyle again referred to the proposed *Regional secure units*, the coming White Paper on legislation and 'other recommendations heavily dependent on resources'. As for the units, plans have been submitted by seven RHAs. An advisory working party 'to give practical help in overcoming difficulties' has been set up under Mr Moyle's chairmanship. The College's nominees on this are Drs R. Bluglass, J. Gunn, C. P. Seager and W. A. Weston; but there is a majority of male nurses.

Meanwhile, it was stated that there are about 180 patients in the *Special Hospitals* regarded by their consultants as fit for transfer to NHS hospitals but who have not been moved 'in some cases because of difference of opinion between consultants or opposition from staff or trade unions'; cases are also known of offenders being sent to prison solely because admission to hospital has been refused them.

Applications by three Broadmoor patients to the European Human Rights Commission have been

found admissible; when the views of the Commission are known Section 65 will be reviewed. At present about 16 per cent of Review Tribunal recommendations on Section 65 cases are rejected, but such patients are given special further attention by the Home Office.

The names of the members of various boards and committees were given on 7 July. On the Parole Board list are the names of Drs A. Falla, M. A. Penry Williams, D. Anton Stephens, J. E. Duffield, E. Jacoby, A. Storr, T. G. Tennent and J. Cleobury. The Advisory Committee on Sexual Offences includes Professor Trevor Gibbens.

### Drugs

On 24 June the Home Secretary, in a written answer, set out the recommendations of the Advisory Council on the Misuse of Drugs in relation to *cannabis*. The definition of *cannabis* is to be extended to include all parts of the plant. Later a review of the Misuse of Drugs Act will provide for changes in the penalties attached to the possession of the drug.

On 20 June a Modification Order to the Misuse of Drugs Act was laid before the House of Lords. This extends the provision of the Act to all derivatives of tryptamine and certain derivatives of phenethylamine.

### Scotland, Wales, Northern Ireland

Items of psychiatric interest relating to parts of the

United Kingdom other than England are apt to be scarce in the pages of *Hansard*, but during the period here reviewed all three countries were represented.

For *Scotland* the hospital building programme was set out on 2 May. About two dozen items are for improvements, extensions and redevelopment of psychiatric hospitals, or in a very few cases for psychiatric units elsewhere.

For *Wales* a number of questions were asked about progress in the development of services; the routine replies did not suggest any outstanding achievement demanding special mention here.

There were a few questions, of local interest only, about mentally handicapped persons in *Northern Ireland*.

### Miscellaneous

Particulars were given on 23 June of Government grants to *voluntary* organizations. Among these, the N.A.M.H. ranks as the recipient of one of the largest grants, and others being helped are the Institute of Mental Subnormality, the National Council on Alcoholism, the National Schizophrenia Fellowship, and the Samaritans.

A statement was made by Mr Ennals on 18 July on the Government's decisions relating to the Merrison Report. A Bill will be introduced when time can be found to provide for the reconstitution of the GMC, but more comprehensive legislation must await the results of further discussions.

ALEXANDER WALK

## PSYCHOTHERAPY SECTION

The following Open Meetings will be held in 1977-78:

*Wednesday, 12 October, at 8.15 pm*

Dr Anthony Ryle

A Common Language for the Psychotherapies? Psychoanalysis and Behaviourism in the light of Cognitive Psychology

The Tavistock Clinic,  
120 Belsize Lane,  
London NW3.

*Tuesday, 15 November, in conjunction with the Quarterly Meeting of the Royal College of Psychiatrists in York*

Dr Tom Main

Psychiatric defences against close encounters with patients

*Wednesday, 14 December, at 8.15 pm*

Dr Isaac Marks

Coping and Self Regulatory Forms of Treatment

Venue in London to be arranged

*Wednesday, 11 January, at 8.15 pm*

Dr John Steiner

Borderline States

Venue in London to be arranged