

Parliamentary News

(April 1984–February 1985: Part I)

Schizophrenia

On 4 April, in reply to a question, Mr John Patten (DHSS) said that in 1982 a total of 24,594 people were discharged from English mental illness hospitals and units who had been admitted with a diagnosis of schizophrenic psychosis (ICD 2950/2959). Of these, 19,717 had stayed for less than three months.

Alzheimer's Disease

On the Motion for the Adjournment (9 April 1984) Mr Richard Bolt, MP introduced a short debate on this topic. Mr John Patten (DHSS) outlined the improvements that have taken place in the resources for coping with this increasing problem and said that most districts have put forward to their RHAs plans for progress in this area. They are for local community based services in which the same terms of professional staff, social workers as well as NHS staff, can provide care for patients in whatever ways suit the patients best, whether at home, in residential care or in hospitals as the patients' needs change.

After-care for the mentally ill in Scotland

On 10 April 1984 in a written answer the Scottish Secretary confirmed that a substantial increase in relevant expenditure on social work has been provided for 1984–5 which takes account of the cost to local authorities of implementing recent legislation including the requirements of the Mental Health (Amendment) (Scotland) Act 1983.

Drug addicts—Scotland

Mr MacKay (Scottish Office) replied in the House of Commons on 11 April 1984 and said that the numbers formally notified to the Home Office as being addicted to narcotic drugs in Scotland was 85 in 1978 and 575 in 1983, an increase of 575 per cent. Research suggested that the actual numbers may be about five times the number of formal notifications. He had previously announced that £500,000 is to be given to thirteen projects, mostly in Strathclyde and Lothian, to help those who are addicted to drugs. This was criticized by one MP as a derisory sum given that drug pushers in Scotland make more money in a week than the Government was prepared to put in. It was, however, pointed out that the project was a three-year programme for £1.5 million.

Drug abuse

On 13 April 1984 a short debate on the problems of drug abuse was initiated by Sir Bernard Braine.

Mental Health Act 1983 (Consent to Treatment)

In a written answer (11 April 1984) Mr John Patten (DHSS) said that the DHSS is not keeping statistics on the operation of Part IV of the Mental Health Act 1983 (Consent to Treatment). The MHA Commission is monitoring the use of these provisions and will be reporting to the House in 1985.

Voluntary organizations (grants)

In a written answer on 25 April 1984 Lord Glenarthur gave details of all grants given by the DHSS to voluntary organizations for the period 1982–3. For this period £8,963,232 had been divided among 220 voluntary organizations, including MIND (£325,000), MENCAP (£230,750) and the National Schizophrenia Fellowship (£71,000).

Mental Health Act 1983

On 8 May the Minister for Health was asked to make a statement on the progress of implementation of the Act. He said that it was proceeding in a satisfactory manner and he acknowledged that it was important to have approved social workers available by 28 October 1984. It was unfortunate that NALGO was encouraging its members not to go on approved social worker courses. He believed that NALGO considered it was elitist for certain social workers to be described as approved social workers. A working party comprising NALGO, the local authorities and the DHSS was working to resolve this dispute.

Prisons (medical and psychiatric care)

On 6 April the Secretary of State for Scotland answered questions about medical and psychiatric provision to Scottish prisons. There are no full-time psychiatrists employed by the Scottish Prison Service. Psychiatric services are normally provided for all establishments on a sessional basis by practising consultant psychiatrists, under agreement with the appropriate health boards. Some untried prisoners may, in certain circumstances, have access to a doctor of their choice but there is no provision for convicted prisoners to do so.

Central Council for Education and Training in Social Work

On 5 April it was announced that Miss Joan Cooper, CB is to act as chairman of the reconstituted Council. There are 25 members, including Dr Brice Pitt, who was a member of the outgoing Council.

Police and Criminal Evidence Bill

This Bill had its Third Reading on 16 May 1984. This followed its progress at the Committee Stage when the Standing Committee sat on fifty-nine occasions. There have been considerable improvements to the original Bill. A revised draft relating to codes of practice incorporates new safeguards and protections particularly in respect of the vulnerable and handicapped.

The Police and Criminal Evidence Act received the Royal Assent on 31 October 1984.

Exegesis Programme

On the Motion for the Adjournment, Mr Richard Needham (Wiltshire North) discussed the Exegesis Programme, a new cult, which, he claimed had led to the death of one of his

constituents who became schizophrenic following his connection with this group. The subsequent debate drew attention to the increasing number of cults of this kind developing in the United Kingdom and the concern of the Government that vulnerable people are not put at risk from irresponsible groups. The Government intended to keep the activities of these cults under close scrutiny, but the need to preserve civil liberties was also underlined.

NHS (Griffiths Report)

On 4 May the House of Commons debated the Griffiths Report. The Minister did not at this stage announce any final conclusions on its implementation.

Drug abuse (deaths)

On 18 May Mr John Patten (DHSS) gave details of deaths for each year from 1974 to 1983 where the underlying cause was, in some way, related to drug abuse. The details are given in a table in *Hansard*. Details were also given in response to another question of admissions to hospitals of persons with a principal diagnosis of drug dependence in each year since 1979. These details are also given in a *Hansard* table. The total figure for persons of all ages for 1982 was 1,343. Similar details were given with respect to Yorkshire RHA.

Shoplifting

Mr Greville Janner, MP, asked questions about shoplifting on 17 May. Mr David Mellor (Home Office) said that in 1982 about 6,200 persons were acquitted of shoplifting charges in England and Wales. About 80,200 persons were found or pleaded guilty in the same year. He agreed with Mr Janner that it would be better if the police were to take on a much larger role in prosecuting these offences. The matter was being discussed with the Commissioner of Police. An independent prosecution system was also being proposed.

Community psychiatric nursing

On 12 June (*Hansard*, Issue No. 1314, columns 455–7) details and statistics were given about the numbers of community psychiatric nurses employed in each region in England as on 30 September 1982, the courses available, the grades employed and other matters.

Mental Health Act Commission

Mr Harvey Proctor asked for a statement concerning the operation of the Commission since it was established. On 12 June Mr Patten said that the Commission has been very active since it was formed in September 1983. Commissioners have made nearly 300 routine visits to hospitals with detained patients and the Commission has handled over 1,500 requests for second opinions on consent to treatment and about 400 complaints from detained patients. Members of the Central Policy Committee and of the three Regional Groups have met regularly and work has begun on preparing a draft of the Code of Practice on compulsory admissions and on the medical treatment of mental disorder.

Medium secure psychiatric facilities (Wales)

On 14 June Mr Hooson asked the Secretary of State for Wales what proposals he had to develop medium secure psychiatric facilities in Wales. In reply, Mr Wyn Roberts said that the Welsh Office had that day issued for public consultation a Paper that reassesses the demand for such facilities in Wales and ways in which that demand might best be met by development over the next decade. The Paper concludes that in addition to the existing provision, three or four further units should be established, each of fifteen to twenty beds at a total capital cost of some £2,000,000 and involving annual revenue expenditure in excess of £1,000,000. These would provide cover for the whole of Wales and would mean establishing one unit in West Wales, two in South-East Wales and possibly (depending on whether there are to be three or four units in total) one in North Wales, in addition to the existing provision of the North Wales Hospital, Denbigh. They would almost certainly be newly constructed, but built within the grounds of existing hospitals whose services they would share. No specific sites have yet been suggested. Following decisions on these general proposals an option appraisal will be conducted by the Welsh Office to determine the most appropriate sites. The proposals emerging from that will be the subject of further detailed consultation. Detailed operational guidelines and designs will also be decided at that stage. Comments have been requested on the first stage in the consultation process by 5 October 1984.

Plans have also been approved to refurbish and expand Garth Angharad Hospital at a cost of some £1.3 million. This hospital caters principally for young, mild mentally handicapped adults with behavioural problems and in many cases a propensity to offend. The expansion will increase its capacity from nineteen beds to thirty, enabling it to treat some female patients for the first time. These proposals have already been the subject of public consultation.

Paedophilia (protection of children)

A Bill introduced by Mr Geoffrey Dickens had its First Reading on 27 June and its Second Reading on 6 July. This Bill would make it an offence to be a member of any organization that holds meetings at which support is given to encourage adults to have sexual relationships with children and associated matters. Ms Clare Short opposed the bill on the grounds that it would do nothing to increase the protection of children.

Mental Health Act

Mr Harvey Proctor was told in reply to a question that the Mental Health Act Commission is required to produce a report on its activities in the second year after its establishment and subsequently in every second year. No information was yet available on the operation of Section 136 of the Mental Health Act 1983 and the DHSS had not received any representations from mental health organizations and others concerning the implementation of this Section.

Penal establishments (qualified mental nurses)

On 26 June Mr Hurd (Home Office) said that it is the

Government's aim to increase the proportion of hospital officers with general or mental nurse qualifications.

Broadmoor

On 29 June the DHSS was asked the grounds upon which patients are refused admission to Broadmoor. It was said in reply that admission to Broadmoor and the other three Special Hospitals is decided by a multidisciplinary panel of senior officials in the Department on behalf of the Secretary of State. The admission panel takes account of reports from various sources including consultant medical staff in the Special Hospitals. Where a patient is accepted for admission various factors can affect the decision on which particular hospital he is allocated to. The following table summarizes the admission decisions taken in each of the last five years and for those patients accepted shows how many were admitted to Broadmoor Hospital in each year.

Year	Applications			Admitted to Broadmoor
	received	Rejected	Accepted	
1979	381	161	220	91
1980	358	147	211	54
1981	316	133	183	62
1982	344	155	189	78
1983	288	101	187	66

Mentally ill and mentally handicapped persons

On 2 July the DHSS gave details and published tables in *Hansard* (columns 75–80, Issue No. 1317) on the number of attendances at mental handicap and mental illness hospitals and units in England, the number of places at local authority day centres for the mentally ill on 31 March 1983, the estimated numbers of resident patients in mental illness hospitals and units in England, the number of local authority supported residents in homes and hostels for the mentally ill and other statistics.

Care in the community (psychiatric patients)

The DHSS in a written answer about resources for the community care of ex-patients from psychiatric institutions said that the rate support grant settlement takes account of the general responsibilities of local authorities, including caring for discharged psychiatric patients, and this contributes to the cost in appropriate cases. The Government does not earmark particular sums for particular personal social services.

Mental health officers (Scotland)

On 5 July in reply to a question the Secretary of State for Scotland said that mental health officers to be appointed under Section 7 of the Mental Health (Amendment) (Scotland) Act 1983 will require to undergo a course of training and to successfully complete a process of assessment recommended by the Central Council for Education and Training in Social Work. A report by a working party on the appointment of mental health officers had been circulated in July 1983. Meetings had been held with a view to reaching agreement on the criteria and procedures for the assessment. Directions to local authorities to proceed would shortly be issued.

Towers Hospital, Leicester (secure unit)

On 6 July Mr Hawksley asked the DHSS if an enquiry would be set up into the operations of the mixed secure unit at Towers Hospital, Leicester and if he would make a statement and secondly, if in view of the pregnancy of a patient at the mixed unit he will segregate units until such an enquiry has taken place. The Department replied that there was no reason to intervene in the management of the Arnold Lodge Secure Unit or to question the professional policies adopted in such units, including those in relation to segregation of the sexes.

Prisons (psychotropic and hypnotic medicines)

On 5 July the Home Office said that the above medication may be given in prisons only on the instructions of a medical officer, but may be administered by hospital officers who do not have nursing qualifications but who have received appropriate training.

The National Health Service

On 5 July the Opposition initiated a debate on the National Health Service which was wide ranging, but the Opposition condemnation of the Government's failure to provide sufficient resources for the NHS or stable conditions for those working in it was rejected. During the debate the Secretary of State announced that he was that day making available some £10,000,000 over the next three years for a new programme called 'Helping the Community to Care'. Its chief aim was to improve support for elderly people and for those who are mentally ill and mentally handicapped by helping those who help them, volunteers, friends and family members.

Drug misuse

On 13 July an Adjournment Debate on drug misuse was initiated by Mr Mellor. He said that during 1983 the total number of addicts known to the Home Office was 10,270, an increase of nearly 30 per cent. Within that total 4,200 new addicts were notified, a 50 per cent increase compared with the previous year. According to recent research, those notifications probably represent only one fifth of those dependent on opioid drugs because many do not seek medical help. There was thought to be a significant increase in drug misuse among teenagers. There has been a marked success in seizing large quantities of heroin and this reflects on changing policies. But it also indicates the dramatic increase in the amount being brought into the country. The problem of drug misuse has been increasing over the last two decades but there was no evidence that unemployment is any more significant than any other factors, although it is not irrelevant.

The principal elements in the Government's strategy comprise action to reduce the supply of drugs from abroad, tighter controls on drugs produced and supplied in this country, more effective policing, enhancement of the deterrent effect of the law and finally effective programmes to treat and rehabilitate addicts and to discourage young people from experimentation.

ROBERT BLUGLASS