

**PARLIAMENTARY NEWS**  
**To Christmas recess, 1978**  
(as reported to Public Policy Committee)

**Mental Handicap**

*The Normansfield Inquiry Report*

On 21 November Mr Ennals made his statement on the report of the Inquiry chaired by Mr M. Sherrard, QC. This has been given sufficient publicity in the national press, but a few points are worth recording here. Mr Ennals emphasized that besides the consultant psychiatrist concerned, nursing officers and administrators had been criticized, as well as the Area Health Authority. He had asked Health Authorities to review monitoring arrangements; the Development Team would in future visit hospitals on his instructions and not only by invitation; and he was proposing a new NHS disputes procedure. Replying to Mr Patrick Jenkin he agreed that the right of patients not to be endangered should prevail over the right of staff to strike.

In the course of the short debate that followed, Mr Litterick drew attention to the need to monitor hostels as well as hospitals, and mentioned instances in Birmingham where mentally handicapped people were 'treated like rubbish for the benefit of property speculators'.

*The Development Team*

Besides the change mentioned above, the Team has been asked to follow up all its visits, and its operations will be strengthened in relation to the social services and the Health Advisory Service.

**Agoraphobia**

Following a Parliamentary Question on 15 November (written answer), Mr Greville Janner initiated an Adjournment Debate on 11 December. He quoted a number of distressing cases of agoraphobia known to him, and asked for support to voluntary organizations (Phobic Society, Open Door, Link-up), for the grant to sufferers of a mobility allowance, for assurance that the Chronically Sick and Disabled Act applied to agoraphobics, and for more funds for research. The Under-Secretary, Mr Deakins, replying, gave a well-briefed survey of the subject and his Department's views, and emphasized that the Act did apply and should be used by local authorities, but was unable to make any promise regarding mobility allowances.

**Mentally Abnormal Offenders**

*Regional Secure Units:*

Slow progress in the setting up of these units con-

tinues to be the subject of MPs' concern. One RHA is planning a unit for adolescents. For adults there are interim units in six Regions, and ten RHAs have made plans for permanent units, the first to be opened in 1980-81. The use of allocated funds during the interim period has also come under renewed scrutiny. In one supplementary question Mr Jenkin referred to 'the NUPE's declared policy to oppose the siting of secure units in the grounds of existing mental hospitals'—this was neither accepted nor denied by Mr Moyle.

*Special Hospitals*

A number of questions were asked, chiefly by Mr Kilroy-Silk, about conditions in the Special Hospitals and about the release and transfer of patients from these.

It appears that overcrowding is a problem only at Broadmoor (708 patients where 600 would be appropriate). Problems of transfer of patients to NHS hospitals are still needing to be dealt with by meetings, discussions, 'encouraging better understanding', etc. Consultants from about 90 hospitals have visited one or other of the Special Hospitals to see patients awaiting transfer, accompanied by nursing staff in about one third of instances. In some cases, patients have been taken to the intended receiving hospital for assessment.

Questions by Mr Pattie on the discharge of restricted patients (nearly all in Special Hospitals) elicited interesting figures. Tribunals had 362 cases referred to them in 1977. In 237 cases discharge was not recommended; in 27 discharge was recommended but only 15 recommendations were accepted by the Home Secretary. These were replies to separate questions, and it is not clear what happened in the remaining cases.

*Use of drugs in prisons*

A debate on this subject was initiated by Mr C. Price on 15 December. He said there was a steady and persistent flow of allegations of the use of drugs for disciplinary rather than medical purposes. He referred to an article in the *Sunday Times* and to one due to appear in *Mind Out*. He spoke of an experiment with Depixol and of excessive doses of Largactil. Mr Ian Mikardo supported Mr Price, and quoted (without particulars) a case where the prison had been severely criticized by the Ombudsman.

Dr Shirley Summerskill in reply asserted that much of the allegations had been ill-founded and based on distortion of the facts. She dealt with the *Sunday Times*

article, and with other articles alleging that hormone treatment had been applied compulsorily to sexual offenders. Contrary to what the MPs suggested, doctors in the Prison Medical Service were actually more accountable than those in the NHS. However, the Home Secretary had decided to collect further information, showing nature of drugs, number of doses, etc.

#### Addiction

In an Adjournment Debate on 6 December, Mr J. Dempster raised the problem of *glue and solvent sniffing*. He gave figures showing the extent of the problem in Glasgow and the West of Scotland. In the Strathclyde police area some 600 young people had been seen with this addiction in the last 2½ years, and a special clinic had been established by one Health Authority. He suggested a ban on the selling of certain products to young people. As against this, Mr Ewing, Under-Secretary of State for Scotland, argued that the range of products involved was too wide and many were readily available even if not sold direct, and it was better to rely on health education, propaganda directed to parents, and discreet action by the police.

#### Miscellaneous

On 1 December there was an Adjournment Debate

on the Report of the Royal Commission on Gambling, during which, however, nothing was said about the psychological ill-effects of gambling—the aspect which the Report itself has largely ignored. A request was made for a full debate at a later stage, when there may be an opportunity for this matter to be raised.

The *Nurses, Midwives and Health Visitors Bill* had its second reading on 15 November. Misgivings and anxieties were expressed on behalf of the last two professions. The only reference to psychiatric nursing was an assurance by Mr Ennals that standing committees on the proposed Central Council would be set up for this and other specialties which required distinctive training.

In a written answer on 8 November it was stated that in England the ratio of one consultant in adult psychiatry per 50,000 population had already been reached. In another written answer on 15 November it was stated that in Scotland 45 per cent of NHS beds were occupied by the mentally ill and mentally handicapped, with 12.5 per cent of consultants working with such patients.

Questions have been asked about *autism* (including one by Sir Harold Wilson), *anorexia nervosa* and *Gilles de la Tourette's disease*, but no information worth recording was elicited by these questions.

ALEXANDER WALK

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### SPRING QUARTERLY MEETING

Sheffield, 1 and 2 May 1979

Members will have received with the preliminary announcement of this meeting a notice about the concessionary travel. The costs quoted, however, were incorrectly given for full board, and should read as follows, for bed and breakfast only:

From	Cost per person
Scotland (all parts) .. .. .	£48.00
North England and North Wales (North of Lincs., Leics., Staffs., Salop, Clwyd) including Isle of Man .. .. .	£43.00
South England including Isle of Wight and Wales south of Clwyd .. .. .	£48.00
Single accommodation supplement .. .. .	£4.00