

The times

Call for hospital land sale to create new “haven communities”

On 7 November 1990 the National Schizophrenia Fellowship (NSF) called on the Government to turn some of the UK's large mental hospitals into “haven communities” by selling off part of the land for residential or well-planned business use, and building new, domestic style, units with the funds thus obtained. Below is an open letter to the Secretary of State for Health, William Waldegrave, from Philip Wilmot, Chairman, NSF.

DEAR MINISTER

The National Schizophrenia Fellowship considers that modern, smaller mental hospitals which make people feel they are part of the community have an important part to play in the provision of care (NSF, 1985). We have called for the use of a considerable number of mental hospital sites, replanned in domestic style units to provide short-term treatment in cases of serious relapse and longer-term asylum for those who just cannot cope outside.

We therefore welcome the recent White Paper *Caring for People* and the policy statements made therein about the provision of adequate care in both hospital settings and in the community when the placement is appropriate and proper facilities are available. However, we are concerned that the run down and closure of mental hospitals continues to occur before adequate alternative services have been provided. We wish to emphasise that short-term hospital placement and long-term asylum will continue to be essential for a proportion of severely ill people in the foreseeable future. We note that 72% of those in a recent survey of people with mental health problems felt that their first admission had been necessary (MIND, 1990).

No-one, including the Department of Health, knows how many places need to be made available for these severely ill people. Widely differing estimates exist and sometimes include the elderly with dementia. One expert estimate of the size of the high dependency group of long-stay patients (over one year) is 50 per 100,000 (excluding dementia) (Wing & Furlong, 1986). In order to obtain accurate figures of the need a thorough census of requirements by your Department should be set in motion as soon as possible.

A positive plan to utilise parts of suitable sites in an imaginative way would raise the morale of professional staff, reassure the public and the media and

enable Health Authorities to plan to establish continuity of care with the social services that everyone desires. There would be no problem with the NIMBY (not in my backyard) factor since, by and large, the present sites are accepted by the community. We should like to see these sites regarded as part of the continuity of community care, not kept separate from it. We suggest that greater consideration should be given to sites with areas suitable for development as sheltered communities or “havens”. We wish also to emphasise the importance of outdoor space for patients with psychiatric problems, and preferably green space, which the older mental hospitals provided. Remoteness of hospitals can be reduced significantly by appropriate transport facilities.

Selling part of the site of a hospital may be more attractive in economic and good practice terms than allowing the whole site to be sold: it is good to know that this is being actively pursued by at least two Health Authorities (East Anglia RHA, SW Thames RHA). The capital funds required for rebuilding a modern mental hospital are being raised by commercial development of *part* of the sites, either for residential purposes or for well-planned business use.

We therefore ask you to set in motion a review of mental hospital sites without delay on a site-by-site basis to establish which of them could be developed as sheltered communities or “havens” by selling part of the land for commercial purposes. This would provide greater assurance that the newly created, modernised service would be adequate for the needs of severely mentally ill people than would be possible when sites are disposed of in their entirety. Drawing attention to this solution may help to prevent further disasters accruing from the premature closure of mental hospitals.

P. WILMOT
Chairman

References

- East Anglia RHA Fulbourn Hospital, SW Thames RHA Graylingwell Hospital.
- Minutes of Evidence from NSF to House of Commons Social Services Committee, 25 May 1984 *Community Care with Special Reference to Mentally Ill and Mentally Handicapped People* (1985) Vol II, pp. 205–228.
- MIND (1990) *People First*.
- WING, J. K. & FURLONG, R. (1986) A haven for the severely disabled within the context of a comprehensive psychiatric service. *British Journal of Psychiatry*, 149, 449–457.

Private Members' Bill to help those unfit to plead

The Law Society has announced that John Greenway, MP for Rydale, Yorkshire has agreed to take up a Private Members' Bill to end unnecessary detention in psychiatric hospital.

The Bill will amend the Criminal Procedure (Insanity) Act, 1964. Under this Act, people who are found to be unfit to plead must be detained indefinitely in hospital, without trial or without any determination of whether they did in fact commit the act of which they have been accused, and regardless of the severity of the offence. Similar injustices are suffered by people with disabilities such as epilepsy, who may have committed a crime during or in the aftermath of a fit.

The Bill will provide for a 'trial of the facts' to determine whether a person who is unfit to plead has actually committed a criminal offence. It will also enable the Court to choose between a range of orders, to meet the defendant's particular needs.

In announcing his commitment to the Criminal Procedure (Insanity and Unfitness to Plead) Bill, Mr Greenway said:

"This Bill will introduce much needed changes, which are simple and long overdue. It is a worthwhile measure which is being promoted by a number of professional associations and voluntary organisations and has commanded all-party and Government support. I therefore hope my colleagues in Parliament will add their support and will not obstruct the passage of the Bill."

Among the Bill's sponsors are Jack Ashley (MP for Stoke-on-Trent), David Belotti (Eastbourne), Alistair Burt (Bury North), John Cartwright (Woolwich), Kenneth Hind (Lancashire West), Austin Mitchell (Great Grimsby), Eddie O'Hara (Knowsley South), Andy Stewart (Sherwood), Peter Temple-Morris (Leominster) and Ieuan Wynn Jones (Ynys Mon).

Keeping the mentally disordered offender out of prison

The recent Home Office circular on the provision for mentally disordered offenders defines a central co-ordinating role for the probation service in providing Courts with appropriate information.

Geoff Dobson, Chief Probation Officer, Hertfordshire, said, "The pioneer work of Hertfordshire Probation Service in conjunction with the health authorities and other local statutory and voluntary agencies is detailed in the circular as an example of good practice. The Home Office urges other areas to consider the Hertfordshire scheme and we are pleased that the Assessment Panel model is to be promoted and evaluated nationally with Home Office support."

The Psychiatric Assessment Panel Scheme aims to divert the mentally disordered offender from prison and re-offending by offering a multi-agency approach

to assessment and a well-structured management plan in the community. Promotional seminars are held in areas covered by probation services and area district health authorities, leading to the setting up of steering groups to adopt the scheme.

The multi-agency approach for each offender ensures shared responsibility, mobilisation of resources, and constructive alternatives to custody. The resultant management plan for each individual focusing on their illness and their offending behaviour provides the Court with a constructive report on which to base the sentence.

Future developments will include liaison with police and the Crown Prosecution Service in order to divert appropriate offenders from prosecution, and alternative remands to custody by provision of specialist hostels for bail and rehabilitation.

Community mental health teams: Workshop

I would like to take this communication opportunity to mention a couple of key issues which will hopefully provide a rationale for what may appear to be a change in original direction to that adopted recently in the planning of the above.

Having extensively canvassed the views of practitioners operating from a CMHT base, the collective opinion or advice is to avoid wherever possible giving prominence to any one discipline when considering

the role and function of CMHTs. I have applied this principle to the planning of the workshop and this will be carried through in its execution.

Secondly, I do not see the workshop answering or dealing with the myriad of issues associated with CMHTs but rather an opportunity to construct a detailed agenda on the back of the proceedings which will inform a dialogue with a wide range of relevant interests, agencies and disciplines.