Designer Secure Units

Since the publication of the Interim Report of the Butler Committee in 1974 (London: HMSO) almost all Regional Health Authorities have completed the construction of Regional Secure Unit facilities. These units are intended to provide a level of security for the treatment of psychiatric patients between those available in the Special Hospitals and in NHS general psychiatry facilities. There are now 19 mostly purpose-built units, plus a number of interim facilities still being used when full-blown construction programmes have not been completed.

In many regions forensic psychiatrists were involved in the design of the hospitals, but in some there was no forensic psychiatry input. So how did newly-appointed forensic psychiatrists go about involving themselves in the design process? What sort of design problems arose where they had no say, and were these different from where a forensic psychiatrist had virtually directed the project? These are the questions to which my work is addressed. My aim is to identify various types of design problem, so that medical professionals engaged in an architectural design project for the first time can think clearly about what they want and why and identify the best architectural means with which to achieve it.

William Watson

Psychiatric Admission Rates

According to research by McGovern and Cope (British Journal of Psychiatry, 1987; New Community, forthcoming) compulsory detention rates under parts IV and V of the 1959 Mental Health Act of White, West Indian and Asian males differ significantly. Psychiatric admission rates to hospital of West Indians were found to be higher, particularly amongst offender-patient groups. A similar pattern was found during a study of psychiatric admissions to a Regional Secure Unit in Birmingham. This excess included both British-born and migrant West Indians. Previous research, however, has shown that police referrals to psychiatric hospitals include an excess of West Indian migrants, but evidence from the U.S. suggests that blacks need to be more obviously ill before the police refer them to psychiatric facilities. As a result, certainly in the U.S., more potential psychiatric admissions were actually likely to be dealt with in the Penal System. The authors conclude that further research is needed, broadening the scope of the inquiry to include special hospitals. Differentials (already known to exist) such as offence rates and diagnosis (for example, schizophrenia) should be explored, bringing together what is known about entry to the Criminal Justice System. The implications for forensic psychiatry are important, but cannot be taken in isolation: differentials found in the area of forensic psychiatry may reflect differential practice at other stages in the Criminal Justice System.

Alison Liebling

Principles and Practice of Forensic Psychiatry

edited by R. Bluglass and P. Bowden Churchill Livingstone 1990 . 1500pp £150.

The publication of this major textbook marks the coming of age of one of the youngest subspecialities in medicine. It is a huge volume of nearly 1500 pages and no other English textbook of psychiatry can compare with it in terms of sheer size and range of different disciplines included.

For other professionals and academics from different disciplines this wide range may at first seem a dilution of knowledge. The chapters on subjects specific to the practice of forensic psychiatry are clearly solid pieces, but those on the periphery, such as aspects of the law, criminology, ethics, etc. may appear somewhat basic. However, this breadth of subjects in itself demonstrates the enormous range of knowledge that must be assimilated for clinical practice in the area. If academic lawyers and criminologists are surprised to see introductions to their disciplines condensed into single chapters it should be remembered that there is little in medical training, or training in general psychiatry, that covers these subjects.

The editors have chosen their contributors carefully and avoided many of the pitfalls associated with multi-author textbooks. Most are recognised experts in their fields and very few could be considered eccentric choices for their subjects. The textbook has also attempted an international flavour by including sections on the legal system and administrative differences in the health care systems of other countries. Some readers may feel ambivalent about the inclusion of these chapters which are likely to appeal primarily to the forensic psychiatrist rather than the generalist. However, the inclusion of illustrations, including early engravings and photographs, gives a distinct impression of a new discipline with its roots and origins firmly in the past. Forensic psychiatry has always been practised by doctors caring for the mentally ill and the problems of the interface between law and psychiatry have a long history.

The publication of this volume is a major achievement. Ignorance of each other's disciplines frequently leads to conflicts of ideas and attitudes between professionals. A reference textbook which aims to broaden the knowledge of psychiatrists should make them easier to work with. There is also much that professionals of different disciplines can learn about psychiatry from this textbook.

Jeremy Coid

Sentenced to Hospital:

Offenders in Broadmoor S. Dell and G. Robertson. Oxford University Press. 1988 170pp Hb £22

The Criminal Lunatic Asylum at Broadmoor — the first state institution for mentally abnormal offenders was established in 1863 in order to provide humane treatment in conditions of security for mentally abnormal persons involved in serious violence. Today, Broadmoor is one of four special hospitals run by the DHSS (now DOH). It is not a prison, though security is paramount; the nurses wear uniforms and they belong to the Prison Officers' Association. It has a 'Punishment Block' — the patients' name for the intensive care unit; patients use the term 'keeping my nose clean' - where have I heard that before?

Broadmoor holds up to 500 patients, a fifth of whom are women. A quarter of the population are diagnosed as suffering from psychopathic disorder. How do these patients come to be in Broadmoor, how are they treated while they are there, how do they perceive (or understand)

their treatment, and how do they come to be discharged?

The study is based on a comparison of 'psychopathic disorder' patients, with the 'mentally ill' (or psychotic) patients using case notes and discursive interviews with staff and patients. The patients prove to be willing subjects;

'Most were not only willing but pleased and eager to talk about their experiences in Broadmoor, and to express their opinions about the treatment they had received.'

The authors make considerable efforts not to 'reduce' the complexity of human behaviour to manageable, but quite meaningless, numbers; they put all the tables in the back. The result is a highly readable account of the types of patient held in Broadmoor, the content and effectiveness or otherwise of the treatment they receive, and the circumstances under which they arrive — and depart. Unsurprisingly, the role of chance and individual viewpoint play a considerable part in the fate of these people — in decisions about whether they are referred, admitted or discharged. An essential ingredient in all these decisions, however, is the gravity of their crimes; being 'better' does not remove a covert tariff.

It seems that good asylum is valued by the patients, where 'treatment' is less amenable to assessment. It is the non-psychotic (the psychopathically disordered) who present the dilemma of treating non-ill patients in a hospital. How appropriate is the medical model for these patients: more worrying — where would they be if they weren't in Broadmoor?

This monograph is specialised, but accessible. It would be of interest to many concerned with the psychiatric boundaries of criminal justice matters.
Alison Liebling

Managing Madness: Changing Ideas and Practice.

J. Busfield, Unwin Hyman (London) 1986 406 pp Pb$17.95 Hb $49.95

Joan Busfield argues that psychiatry is a reflection of the standard response to problems and conflicts in contemporary society. Her approach to the task of accounting for the nature and character of psychiatric work and of the mental health services combines both sociology and history.

Her historical account takes the 16th century as its starting point because it was in this period that the foundations of the Poor Law were laid, which provided the context within which the first state provisions for lunatics were made.

She discusses in her first chapter what she calls the 'liberal-scientific' conception of psychiatry which has its immediate origins in the enlightment thought of the 18th century and the value placed on reason and scientific rationality. Psychiatry, according to this point of view, is a speciality that has developed within medicine to provide help and treatment for one group of the sick: the mentally ill. She discusses the various acts which are responsible for the changes in the treatment of the mentally ill.

She discusses the 'liberal-scientific' conception of psychiatry and how it was criticised in the 1960s by a diverse group of writers such as Thomas Szasz, R. D. Laing and T. J. Scheff who saw mental illness as a form of social deviance and psychiatry as an institution of social control.

From the early 1960s plans were put forward for reducing the total number of psychiatric beds and even of phasing out mental hospitals altogether. She states that this community care, grounded as it is in the liberal-scientific view of medical work, has been criticised by Scull in his book 'Decarceration'. Scull's description of the transition is not a move from mental hospital care to community care but from segregation in the asylum to neglect and misery within the community. He states that community care can mean private care not public care. It is the care which offers the cheap alternative to the public mental hospital for any government bent on cutting public expenditure. Community care as we know it, largely means care in the home, by women and care by private and charitable agencies.

In her final chapter she argues for 'preventive social intervention' and states that instead of directing all our resources and attention on disturbed individuals, important though it is to ameliorate their situation, we need also to look beyond the individual to the forms and levels of intervention which would make mental disorders less likely for the population as a whole or for particular groups within it; by this she means that we should look at social factors such as lack of material resources or meaningful work and status which may be responsible or contributory to development of mental illness.

Managing Madness is an important and invaluable resource for those interested in the history of mental illness and treatment and the changes which have taken place over the years.
Ruth Chigwada

TRADE JOURNALS

The 'trade journals' of forensic psychiatry include the following:

MEDICINE SCIENCE AND THE LAW
Published by British Academy of Forensic Science, 18 Burgess Wood Road, Beconsfield, Bucks.

INTERNATIONAL JOURNAL OF LAW & PSYCHIATRY
Published by International Academy of Law and Mental Health, Permagon Press, Headington Hill Hall, Oxford.

BULLETIN OF AMERICAN ACADEMY OF PSYCHIATRY AND LAW
Published by American Academy of Psychiatry and Law, 819 Park Avenue, Baltimore, Maryland 21201, USA.

INTERNATIONAL JOURNAL OF OFFENDER THERAPY & COMPARATIVE CRIMINOLOGY
Official Organ of Association for the Treatment of Offenders, 199 Gloucester Place, London NW1.

BRITISH JOURNAL OF PSYCHIATRY
Published by Royal College of Psychiatrists, 17 Belgrave Square, London SW1

AMERICAN JOURNAL OF PSYCHIATRY
Published by Official Journal of American Psychiatric Association, 400 K Street, Washington DC 2005, USA.