# NOT THE LAST WORD



# Forensic Psychiatry and the Private Sector

The distinguished historian and archivist of psychiatry, Patricia Aldridge, once wrote (1979) that there were two common views of the history of psychiatry. The received version, described how from the dawn of time until the middle of the 19th century, little of benefit happened for the mentally ill. They were exorcised, burnt and variously mistreated. From about the middle of the 19th century, they were rounded up into asylums where, according to a subtle sociological variation, mental illness was invented. They were left to vegetate until the 1950's, and around 1960, dawned the enlightenment, and it was suddenly revealed that everything that had happened before was wrong and probably malicious as well. There then followed a rush of activity, succession of scandals, working parties and white papers while everybody tried to put things right.

The second version, one to which she preferred to subscribe, was rather different. She proposed that 'we have all been going round in circles for at least the last 750 years; that there are very few, if any, ideas on the public and institutional care of the mentally disordered which hadn't been around at least once before'.

The introduction of Chlorpromazine in 1953 first opened up the possibility of closing the large mental hospitals in the present century, and since then, many other factors, political, ideological and economic, have contributed to this growing trend.

But it was clear that all was not well. Chronic schizophrenia had not melted away when the hospital gates closed, and a consequence of de-institutionalisation has led to a large number of homeless, mentally disordered people, becoming what has been called the 'stage army', marching from hospital to prison to community. At the present time, it would be hard to argue for the adequacy of current provision for the mentally disordered in prison, and for the adequacy of services for patients described as presenting challenging behaviour and the wide range of those who come within the ambit of Forensic Psychiatry Services. Provision within the Health Service is sorely stretched and waiting lists for provision within the NHS are often considerable, unable to meet demand or

to provide respite care.

We anticipate growth in the private sector in regard to provision of services for such patients. While it is true that many patients cared for in the private sector have acute problems and are self-financing, a substantial and growing number of our patients are suffering chronic disorder, and are financed by Social Services or Health Authorities who are unable to provide the services themselves. The notion that each District or Local Authority should provide good quality local services when each locality may only generate small numbers of referrals also seems discredited in these days of value for money provision.

The two hospitals within AMI, Kneesworth House and Stockton Hall, seek to meet this considerable demand. Whilst not underestimating that the therapeutic work is extremely demanding and the business risks are considerable, we are keen to provide an effective and caring service as quickly as required, often on an emergency basis, and we pride ourselves on our flexibility. Thus there are no rigid selection criteria for patients, who range from those who might ordinarily be catered for in a locked ward, up to, but falling short of, those requiring conditions of special security conditions of Special Hospitals. The duration of stay is also flexible, ranging from a matter of weeks in time of need for crisis intervention care, to many years if the patient's condition requires it. It could be agreed that put at its simplest level, the two hospitals have retained those positive aspects of care which the asylums offered whilst at the same time, reducing them in scale and adding modern, progressive techniques of psychiatric and psychological treatments.

However, as yet, one group of patients seems to have eluded the help of both the public and private sector. This group is the mentally disordered in prison, whether sentenced or on remand. Some Health Service Hospitals, try valiantly to help this problem but can only make a numerically small contribution to its solution. It may be that this shortfall within the NHS can only be provided by the private sector and it may be that over the next 5 years, a growth in the private sector can be part of an overall improvement in provision for this extremely disadvantaged group of people.

David Mawson DPM, FRCPsych Medical Director - AMI Ian Fraser General Manager - AMI

#### A Future for Probation?

in assocation with THE CENTRE FOR CRIMINOLOGY, MIDDLE-SEX POLYTECHNIC. Wednesday 12th September 1990. Central London

The Probation Service is currently faced with many challenges. The Criminal Justice White Paper and the Green Paper Supverision and Punishment in the Community, both published earlier this year, have major implications for Service. This day conference will be a forum for a range of interests in the field to consider what the future could, and should, hold.

### Certificate in Criminology

In partnership with Birkbeck College, ISTD offers 3 courses on the Sociology of Crime and Deviance, the Psychology of Criminal Behaviour and the Criminal Justice Process which lead to the Certificate in Criminology awarded by the University of London. Tuesdays, Wednesdays, Thursdays 6.30-8.30 pm for 24 weeks from September 25th.

#### Annual General Meeting

Monday 29th October 1990. The business meeting (5.30-6.30) will be followed by light refreshments and an address by ROY HATTERSLEY MP at 7.00 pm. Council Room, Kings College, Strand Campus, Aldwych.

#### Visit to Canterbury Prison

16th October 1990 2 pm - 5 pm £2.00 (ISTD members only)

Built in 1808, Canterbury is a local prison serving the Magistrates' & Crown Courts of Kent. It accommodates 'Adult Trials and Remands', ('A' wing), short, medium and long-term sentenced inmates, most of whom are transferred to other prisons after clarification ('B' wing) & convicted men who are employed in the kitchen, library, stores, reception etc. ('C' wing) 'B4' landing is for men on Rule 43. Canterbury is fairly typical of local prisons of its size and age and has some problems of overcrowding.

Details of all events from ISTD office (see p2)

### Membership Application Form

| Full Name   |       |   |
|---|-------|---|
| Address & Phone .   |       |   |
| Occupation/Profession   |       |   |
| Membership Category (ordinary £15; students/unwaged £5; joint £20; life £ | £200) |   |
| I enclose a cheque (payable to 'ISTD') for £                              |       | : |
| Signature   | Date  |   |