

British government proposes draconian legislation against mentally ill

Julie Hyland
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Last Monday, the Labour government issued proposals to indefinitely detain mentally ill people who have committed no crime, but are deemed to be suffering from "Severe Personality Disorder" (SPD). Launched on the pretext of protecting "public safety", these measures highlight Labour's draconian, "law and order" response to social problems.

The World Health Organisation defines personality disorder as, "Deeply ingrained and enduring behaviour patterns, manifesting themselves as inflexible responses to a broad range of personal and social situations. They represent either extreme or significant deviations from the way the average individual or a given culture perceives, thinks, feels and particularly relates to others...They are frequently, but not always, associated with various degrees of subjective distress and problems in social functioning and performance."

The government estimates that 2,000-2,500 people in Britain are suffering from SPDs, of whom approximately 600 are "dangerous". Of the total, most are already in hospital or prison. However, doctors estimate that up to 13 per cent of the population may be suffering from some form of the disorder.

Such statistics represent a terrible tragedy, both for the individual sufferer and society as a whole. Yet the government's proposals, outlined in its consultation paper *Managing Dangerous People with Severe Personality Disorder*, ignores this. It outlines two "options". The first will give courts the power to impose discretionary life sentences on a wider range of offences. It provides new powers to remand people for specialist assessment and place them under compulsory supervision in special units—within hospitals or prisons—run by the private sector.

The second option will enable those diagnosed as SPD sufferers to be indefinitely locked up, *regardless* of whether they have committed a crime, until they are deemed to be no longer threatening. In both cases, the courts' right to refer such individuals for hospital treatment would be scrapped.

The government claims its measures are justified by a number of highly publicised incidents over the last years, in which mentally disturbed individuals have attacked people. Its review of the 1983 Mental Health Act followed the murder of a mother and daughter, Lin and Megan Russell, in a quiet country lane in July 1996. Last year, Michael Stone was imprisoned for the

crime. At the trial, it emerged that Stone, who maintains his innocence, had been refused a bed in a secure psychiatric hospital just days before the murders, despite his history of violence.

In the aftermath of the Russell murders, the media ran a hysterical campaign depicting Britain's streets as being overrun with "dangerous psychopaths". The government has employed the same language to launch its new proposals. Home Secretary Jack Straw said civil liberties had to be balanced against public safety: "Society has both a need and a right to protect itself from the actions of this small group of dangerous men who, because of their disordered personality, pose an unacceptable level of risk."

A study conducted by the Royal College of Psychiatrists earlier this year, and published in the *British Journal of Psychiatry*, found no basis for such lurid statements. Analysing homicide figures for England and Wales between 1957 and 1995 it found "little fluctuation in numbers of people with a mental illness committing criminal homicide over the 38 years studied and a 3 per cent annual decline in their contribution to the official statistics". People are almost three times more likely to be killed by a stranger who is not mentally ill, than by one who is.

Attempting to "soften" his proposals, Straw claimed that they represented a "third way" in the treatment of personality disorder, modelled on "therapeutic community" counselling programmes underway in prisons in the Netherlands. But the Dutch scheme only applies to convicted prisoners, serving a sentence of four years or more. The programme brings together teams of psychologists, psychiatrists and other support staff for intensive treatment regimes. The Blair government has not outlined any programme along these lines, nor how it would finance such therapy.

Its second option involves building and running at least 50 secure detention centres, costing millions. Government statistics record a shortfall of £500 million in mental health, yet it has only committed an extra £50 million annually for the next decade. Even this must be assessed against increased inroads into health budgets; the largest programme of hospital closures implemented this century and plans to introduce fees for visits to GPs. No doubt the government will use the next months of

consultation to rule out such treatment centres on the grounds of cost.

Straw indicated the real aim of the proposals in his speech. The right to detain those deemed a risk to society had been enshrined in law for 200 years, he said. All the government was proposing to do was tighten up the "loopholes".

Current mental health legislation in Britain does allow for the detainment and treatment of certain individuals against their will, irrespective of whether they have committed a crime or harmed anyone. Those deemed a risk, either to themselves or others, can be held for up to six months, under Part II of the Mental Health Act 1983. The detention order can then be renewed after a further six months and then annually. In theory, those forcibly detained can only be held longer than 28 days with the consent of their nearest relative. Patients, or their relatives, can apply for a hearing before a Mental Health Review Tribunal if they want to be released, but this can take time and, in some instances, Mental Health Trusts bypass the Mental Health Act and commit people informally, which means they have no right of appeal. Patients can also be admitted under an emergency order on the recommendation of a doctor and voluntary patients can be prevented from leaving if they are still deemed a risk to themselves and the public.

The government complains that the Act only applies to those considered to be suffering from a "treatable" disorder. It argues, with the support of some sections of the mental health professions, that Severe Personality Disorder is untreatable—hence the need for harsh measures. But difficulties with treatment are bound up both with the nature of the illness and prevailing social policies. Personality Disorder can cover a wide range of illnesses, including obsessive-compulsive disorders and paranoia. The Royal College of Psychiatrists complained that there is no "entirely satisfactory" diagnosis of anti-social traits that threaten public safety, due to the complexity and range of cases. It says, diagnoses change and forensic psychiatrists "are often prisoners of their time". A spokesman said the organisation was "strongly opposed to changing the present Mental Health Act to make it legal to detain people with 'psychopathic disorder' in hospital against their wishes if they are deemed to be untreatable."

A coalition of 20 groups, including the mental health organisation *Mind* and the civil liberty union, *Liberty*, said it was wrong in principle to detain anybody who had not committed an offence, warning that the plans would create a disturbing precedent. Paul Cavadino, policy director of the National Association for the Care and Resettlement of Offenders, said: "A civilised society must think carefully before detaining people for what they might do rather than what they have done." Dr. Tony Maiden, consultant forensic psychiatrist at the Maudsley Hospital, south London, said the plans could cause chaos. "Determining the level of risk someone poses, and even diagnosing someone as suffering from personality disorder, is very, very difficult and cannot work," he warned.

Campaigners have also disputed claims that SPD is untreatable and maintain that new therapies could provide a way forward. Michael Howlett, director of the Zito Trust, which campaigns for better care for the mentally ill, said, "There are professions outside psychiatry, such as clinical psychology and psychotherapy, which do have the skills and the experience to work with people with these disorders".

The argument that those suffering from SPD are "bad, not mad" is the logical outcome of a social atmosphere that has been deliberately encouraged over the last decade. Official policy has been to attribute every manifestation of societal crisis—particularly crime—to individual shortcomings and even inherent "evil". To justify their attacks on welfare and democratic rights, Conservative and Labour administrations have ridiculed the concept that each individual's development is primarily determined by their environment, and consequently, that, given the right amount of support and resources, even some of the most damaged individuals can be rehabilitated. Children as young as 10 can now be tried as adults, whilst whole sections of society—particularly the poorest and most vulnerable—are branded irredeemable. Whilst budgets for health care, social services and education are continuously squeezed, new prisons are opened up and democratic rights are being curtailed.

Labour's proposals raise the prospect that any individual considered to be breaching "prevailing social norms" could be immediately locked up. It was not so long ago in Britain that those considered "morally defective" or "socially dangerous" could be detained if they were deemed to have a propensity for "anti-social behaviour". This included unmarried mothers, who could be incarcerated throughout their adult life.

In this respect, the remarks of Health Secretary Frank Dobson, speaking alongside Straw, were particularly sinister. Dobson made clear that the government criterion for assessing "risk" was primarily social. People exhibiting the "characteristics of those who could commit a crime: poor education, childhood abuse, and difficulties with relationships, unemployed, depressed and prone to violent outbursts," were potential detainees, according to Dobson. Such individuals would be assessed by a team of experts and if deemed sufficiently dangerous, locked away, he said.



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