CORRESPONDENCE

Correspondents are asked to be brief

Secure Hospital Units

Sir,—In their letter (24 August, p. 519) Mr. R. M. Bury and Dr. J. A. O. Russell ask which patients should be treated in the regional secure units proposed by the Butler Committee. Part of the answer, as I am sure they would agree, is that these units should form part of a forensic psychiatric service, itself well integrated with the rest of the psychiatric services, and be capable of providing treatment, and where necessary guaranteeing long-term inpatient care and supervision, for the substantial number of mentally ill patients now being denied these things. Though in an ideal world staffing would be raised to a level such that these patients could all be contained in open wards, in practice many psychiatric hospitals find that they are now unable to accept any sort of responsibility for patients whose offences and potentiality for antisocial behaviour give rise to anxiety. This situation is causing increasing concern to the community if not to those running progressive but selective services.

Thus when there were no longer any permanently closed wards available in the Oxford region representatives of the courts, the Prison Medical Service, the Probation Service, general practitioners and social service departments told a working party that it was they who were having to care for these difficult patients and all expressed dissatisfaction about the inability of the psychiatric services to provide an effective response to their needs.1 This dissatisfaction is shared by prison medical officers, who in London at least are finding it increasingly difficult and sometimes impossible to obtain beds for mentally disordered offenders.2 Recently in the Court of Appeal the Lord Chief Justice stated that it was not right for a trial judge to be faced with the stark choice of imposing a long prison sentence as an alternative to a hospital order to a non-secure hospital.3 Similar opinions have been expressed in the Crown courts.4, 5

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