Government launches green paper on mental health

Gavin Yamey *BMJ*

Health secretary Alan Milburn this week published proposals for a reform of the Mental Health Act 1983, as part of his plans to modernise the NHS in England and Wales.

Patients discharged from psychiatric hospitals will be given orders specifying where they will live and what treatment they will have. If they break the terms of the order, they will be

returned to hospital for compulsory treatment.

Meanwhile the government's recent proposals for the permanent detention of people with personality disorder were heavily criticised by psychiatrists at a joint conference held by the Royal Society of Medicine and Royal College of Psychiatrists last week. Professor John Gunn, a professor of forensic psychiatry, suggested

that these detention centres would criminalise individuals who needed treatment rather than punishment, and were a knee jerk response to calm public fear.

The joint report from the Department of Health and the Home Office discussed the management of people with dangerous severe personality disorder (*BMJ* 1999;319:1146-7). "I don't know who such people are," said Professor Gunn. "There is a lot of anger out there on the part of judges, probation officers, and now politicians, and this has led to conceptual confusion. My suggestion to Jack Straw is that if he is serious about wanting to treat this so called dangerous severe personality disorder, why not subject it to the National Institute for Clinical Excellence, the government body overseeing new treatments?"

Professor Gunn condemned the report for implying that people could be labelled indefinitely as dangerous and for denying the utility of psychiatric treatment: "Dangerousness is something that gets attributed to someone permanently, like eye colour. It would be more helpful to talk about risk, which is manageable, predictable, treatable, and measurable."

Annual criminal statistics published by the Home Office show an increase in the number of people convicted of homicide from 1957 to 1995, but the number

attributed to people with mental health problems has remained steady. Hence the proportionate contribution of people with mental disorder to homicide convictions has fallen (*British Journal of Psychiatry* 1999;174:9-14).

Despite this fall, data were presented at the conference showing that the media overemphasised the link between mental illness and dangerousness.

The 1994 Ritchie report, based on the inquiry into the care and treatment of Christopher Clunis, made recommendations on investing in the care and accommodation of people with mental health problems. "But there are now less psychiatric beds," said Professor Gunn.

A spokesperson from the Home Office said: "There is real public anxiety about the danger some severely personality disordered people present—and of course the government is responding to that. But it is seeking to do so in a calm and measured way which strikes the right balance between public safety and the therapeutic needs of the individual." □

The Department of Health/Home Office report, *Managing Dangerous People with Severe Personality Disorder*, can be found on the internet at www.homeoffice.gov.uk/cpd/pers-dis.htm, and the green paper on mental health can be found at www.doh.gov.uk/mentalhealth.htm

Contribution of people with mental disorder to homicide convictions

Tobacco tax to be ringfenced for NHS

Linda Beecham *BMJ*

The NHS is to benefit for the first time from increases in tobacco duty. This is the result of the government's decision to earmark such increases for preventing and treating smoking related diseases.

Gordon Brown, the chancellor of the exchequer, announced the tax in his pre-budget statement last week. If the duty is raised by 5% on 1 April next year, it would raise £300m (\$480m) for the NHS for the year 2000-1. Mr Brown said, "The government is serious about tackling the deaths, disease, and health

inequalities caused by tobacco."

The health secretary, Alan Milburn, said that the money would "give the NHS the means to modernise services and to help deal with some of the health damage caused by tobacco." Smoking kills 20 000 people a year in Britain, and treating diseases that are related to smoking costs the NHS £1.7bn a year.

The chief executive of the NHS Confederation, Stephen Thornton, thought that the move would be popular, even with smokers. "If they are going to be taxed it may as well go to a good cause," he said.

Dr Ian Bogle, chairman of the BMA council, pointed out that the tax would not solve the NHS's pressing financial problems. He added: "The priority must be to persuade young people not to smoke and to help smokers to stop." □

UK's yellow card scheme to be extended

Gavin Yamey *BMJ*

The United Kingdom's yellow card scheme, used since 1964 in the reporting of suspected adverse drug reactions, has been extended to community pharmacists, an initiative that will allow closer monitoring of over the counter and herbal medicines.

The extension was piloted in April 1997; yellow cards sent by community pharmacists to four regional monitoring centres were compared with those submitted by GPs. The reports were of similar completeness and contained the same proportion of serious adverse reactions.

However, pharmacists submitted a significantly higher proportion of reports of reactions associated with herbal products and of generic inequivalence, whereby an adverse effect occurs after switching between a branded product and a generic one (*Pharmaceutical Journal* 1999;263:786-8).

The Medicines Control Agency, which jointly runs the scheme with the Committee on Safety of Medicines, receives about 17 000 yellow cards each year from hospital doctors, GPs, dentists, coroners, and (since 1997) hospital pharmacists.

These cards provide early warnings of drug toxicity and can be used to identify those most at risk of adverse reactions. They also allow long term monitoring of a product, identifying adverse events occurring several years after its introduction. □