LETTER FROM WESTMINSTER

Bill promised for mentally handicapped

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The annual ballot for private members' Bills is an event eagerly awaited at the beginning of each parliamentary session. Journalists, hopeful members of parliament, lobbyists, and Mary Whitehouse crowd into a House of Commons committee room to hear the names of the winners announced with all the dignity of an FA Cup draw.

On this occasion a guide to the interests and political inclinations of members of parliament is a necessity. As the names are read out by the deputy Speaker, Harold Walker, onlookers can be seen thumbing anxiously through the profile books to unearth any clue as to the type of legislation the lucky backbencher may introduce.

First out of the hat—or box, to be accurate—this time was Mr Tom Clarke, Labour MP for Monklands West. In one thumbnail sketch he is described as “amiable, practical, articulate, showman, egghead, and RC.” The latter two initials, for those unused to such shorthand, stand for Roman Catholic. This revelation about Mr Clarke's religion was enough to evoke instant predictions of another abortion Bill long before the honourable gentleman had even been asked for his own opinion.

This became a certainty when it transpired that the main town in his constituency, Coatbridge, is as left footed as they come. But, sighs of relief all round, it was not to be. Mr Clarke knew exactly what he wanted to do and is now busily engaging support across the political parties for his planned Bill to help relieve the plight of profoundly mentally handicapped people. The main thrust of the legislation will be to improve the coordination between local health authorities, the social services, and the community to ensure that existing resources are put to the best use.

One rule that governs all private members' Bills is that they should not incur a cost on the Exchequer. Mr Clarke wants, and will ask for, more money to help the mentally handicapped, but he believes that this can be brought about if available funds are more effectively directed.

Last week, as his campaign gathered momentum, he complained that parents or those who care for the mentally handicapped are “virtually ignored by society.” There is also no obligation on the health authorities to consult anyone about the provision of services or the types of facilities that should be made available. Mr Clarke wants minimum standards to be laid down, ensuring that each area has day care centres and is fully equipped with speech and occupational therapy units.

He is now sounding out opinion on how best to frame his legislation and hopes to have the second reading of the Bill on 17 January.

Government's response on community care for mentally ill

The Minister for Health, Barney Hayhoe, has not committed himself and to a great extent second guessed Mr Clarke by publishing last week the government's response to the report from the Social Services Select Committee dealing with precisely these issues. The committee had investigated the philosophy of encouraging greater community care of the mentally ill and mentally handicapped and issued a series of recommendations on how this policy could be developed.

They want to see a real increase in expenditure, an integration of health and social services, a public education programme to commend community care, a recognition in housing policy of the needs of mentally handicapped people, and set standards for private care—indeed, many of the developments that Mr Clarke hopes to enshrine in his Bill.

In its extremely detailed response the Department of Health and Social Security goes some way to meeting the demands both of the committee and of Mr Clarke. For instance, the department accepts that “better cooperation and coordination” between health authorities and the social services is necessary, though the suggestion of an amalgamated authority is ruled out.

The government's response praises the achievements and the potential for progress of the community care philosophy. There has, it says, been an increase in real expenditure on mental handicap services and a corresponding increase in staff and standards. A “major drive” has been initiated to improve management and teach new skills, and a range of operational changes have been implemented to provide better quality services.

The main aim of community care is to remove from hospitals those mentally handicapped people who do not need to be in them. This will also release that large proportion of mental health service resources that is now locked up in hospitals.

The DHSS comments: “A good quality community-orientated service may well be more expensive than a poor quality institutional one. The aim is not to save money, but to use it responsibly. What we cannot afford is to waste resources on buildings, land and services which have increasingly little relationship to needs and priorities, and which make an increasingly small return in quality of service.”

The government response acknowledges that community care will not work for every mentally handicapped person. Some will have special needs, and specialist services will have to be provided through residential care with skilled support from health service professionals.

Hospitals are going to continue to be an important part of the much wider network of mental health services, catering mainly for people who are not actually in a hospital.

Echoing the views of the committee, the DHSS emphasises: “The real test of services is not whether they provide adequately for those who least need them, but whether they provide well for those who most need them.”

So all in all the DHSS, the committee, and Mr Clarke are battling on the same side, with the level of funding—which the government promises to keep under review—being the one major area of disagreement.

In a parliamentary answer Mr Hayhoe said that he welcomed the support given by the committee to the philosophy of community care. He insisted that any changes in the role, contraction, or closure of large hospitals should be accompanied by the development of alternative services.

“All those concerned have a responsibility for making the most of available resources to develop a comprehensive range of local residential and other support services to meet the needs of individual mentally ill and mentally handicapped people,” the minister added.

It should all bode well for Mr Clarke's Bill, though the department may balk at the proposed introduction of a mandatory requirement on health authorities to consult, preferring instead better voluntary cooperation.