the soul) is rejected as inferior even if the impression is golden. However this is far slower.

8. Blockage of specific recall of events in previous reincarnations through new brain.

9. Is mass absorption of Truth a means of statistical neutralisation in mental body of impressions of Illusion (Untruth) or must each specific illusory impression be discharged regardless. If the latter, which I suspect is the case, is discharge assisted and/or softened by absorption of Truth?

MIND Conference at High Leigh

Richard Stubbington

MIND has just held a training course at High Leigh Conference Centre, Hoddesdon, which it believes is the first to teach the techniques of effective representation of psychiatric patients who are appealing against compulsary hospitalization, and who 'want out'. Under the Mental Health Act, 1959, these patients have the right, after an interval, to appeal to a Mental Health Review Tribunal, and this tribubal bears evidence for and against their discharge. They can and sometimes do, decide against medical advice. Discharging a patient who is deemed to be either a danger to him or herself, is the principal hob of these tribunals, and is a most important one, both for the patient and for the community. The only other power a tribunal may have - but this is one of less immediate concern - may be to hear a case for the altering of a patient's diagnostic status: this may affect where he receives treatment, but will not lead to that patient leaving hospital.

The importance of the tribunal lies in the fact that for most patients it is their only hope of getting out of seemingly endless detention. That they are detained in the first place is justifiable in two principal ways. One, their mental condition may so affect their behaviour that either their own safety or that of their neighbours, family etc., make this necessary. There cannot be a precise or agreed definition of a 'danger to safety' in this context, and it cannot be disputed that is is often wrongly applied. Although we are dealing with professional judgements, which, from my experience can only be questioned to a limited degree, these same judgements do take account of external or non-medical factors, such as the attitudes of others involved in any crisis situation, and inconsistency can arise from that cause as between two otherwise similar cases. The second justification for detention lies in law-breaking behaviour arising from mental illness, for which prison might sometimes be the normal response. These patients are detained and treated in hospital instead of going to prison. The period of their detention is far longer than any prison sentence would normally have been.

There are several ways of leaving hospital, once admitted as a compulsory patient. The simplest to understand, and hardest to put into practice, is to pacify the fears of the deciding authorities by impeccable behaviour while there. The disadvantage with this

method - which hopes, of course to lead to a change of status from compulsary to voluntary or discharged patient - is that, if there was any basis for an admission in the first place, this deception will be extremely hard to pull off. There are also a great number of unsuspected pitfalls, too. You might, for instance, be in a hospital where no one particularly cares what you do, or how you are, so long as you fit in. It might not profit a patient to try this unless there is diabolical cunning to draw on.

A patient can get one of his closer relatives to apply for his discharge and some do. Here there are practical problems - the cost of travel, the difficulty of convincing sceptical people unaided - which make this a hard slog,

Whatever other ways of getting out exist, the tribunal remains as the principal route. But this too, is very dificult. The tribunal is like an informal court. It hears, and considers evidence from, all interested quarters, and the advantage lies first of all with the side-here, the doctor's side - which has the greater evidence-amassing and presenting capability. Sometimes by virtue of mental handicap, and nearly always by virtue of status, the patient is at a fundamental disadvantage without representation. The obvious choice as a representative might be a solicitor. The legal advice scheme can cover a patients needs, and even provide evidence in the form of an independent psychiatric report to go before the tribunal. Instead of presenting his own case, and facing the formidable, and even, in many cases, absurd prospect of the cross examination of a doctor by a patient who has no access to the evidence on which the doctor's assertions and recommendations are based, the case is delt with by the solicitor who is also in a privileged position regarding the opposing evidence. Such solicitors exist, but not in large numbers. It is not a lucrative field of work, and is highly specialized. Patients in special hospitals (eg. Broadmoor, Moss Side) are better off than patients detained in general psychiatric hospitals, for the former often have a firm of solicitors active in representation since, by definition, all those patients are compulsary ones, and many highly motivated to leave. The general psychiatric hospital, a relatively open institution, is often less well-served. There are hundreds of these hospitals in England, and thousands of people in them who could appeal: this is the case for the 'lay' or non-lawyer representative. Such a person would act for the patient, in nearly all respects, like a solicitor.

The background to the MIND conference is interesting. For some years after the 1959 act of Parliament which gave the patient the right to appeal to one of these tribunals, there were very few cases indeed. Then, in the 1960's the NCCL, set up a rather ad hoc panel of representatives to represent patients. That fizzled out rather with the financial crisis in the NCCL, and the row over who was in charge, but it did function. In fact, that was how I got the one and only case I had anything to do with, in 1972. Several things have combined to make out a case for doing more, now that the NCCL has more or less faded out of this field. One is the climate of opinion, which is currently favourable to 'rights', at least in theory. Another is the move of Tony Smythe from the NCCL to MIND, which shifted that organizations perspectives a bit. Then there is an American mental rights lawyer, who works for MIND, and who in the past 18 months has done more than anyone else to keep pushing. His name is Larry Gostin. Lastly, the government department responsible for mental hospitals (the DHSS) had set up a committee to review the 1959 Act. It's report refers frequently to Larry

Gostins book, though mostly in refutation..

Describing a conference is not easy. The participants numbered twenty plus; half a dozen social workers; some solicitors and assorted others, but neraly all these had come on their own bat, unsupported by their employers and paying their own way. Not many had ever represented anyone before. We were all sent an efficient and appealing programme before the conference, and the whole thing lasted three days. Only one person left early. In addition to the MIND legal brains and education department, who presented things, there were a dozen or so ancillary experts there at various times, and some of these provided a solid background of experience. We kicked off with a statement of objectives; principally MIND want a network of 'agents' (their word) to whom they can refer cases that come to them from all over. We then got stuck into the various legalities, and ultimately I got lost therein. The second day continued in the same vein, but with a discharged patient describing his experience in the afternoon. The third day was wholly devoted to a most realistic role play exercise.

On the first day section 125 and 126 of the act were mentioned in the discussion. I learnt that 126 allows the police to remove anyone to a place of safery from any public place, on the grounds of suspected mental disorder. In Greater London annually, some 600 people are so detained, examined, and transferred, for the most part, to a psychiatric hospital. In comparable areas, such as greater Manchester, the annual figure is 6 to 10. Mr Gostin's book is a mine of similar disturbing statistical information,

Judging by the absence of the rancour and dissasfaction backstage which often occurs at such gatherings, and the fact that no-one dropped out, and that we all sat on our bottoms or role-played for eight hours a day, the conference was a considerable success. I enjoyed it, and appreciated the meeting of like, or at least, similar, minds to my own. But the long-term significance ought to be judged on how effective, in adverse circumstances, this small network will be, in helping to make the law a reality and not, as it often is at present, a total dead-letter. Everyone there 'knew about' psychiatrists, either through some professional involvement, as patient, journalist, or whatever. Fortunately, then, no one underestimated the quality of the opposition, or was ideologically utterly opposed to psychiatry. Such a position could be of zero usefulness to any patient. The quality and professional integrity of psychiatrists does vary, but the best and the worst of them alike have, in my own view, too mucn power to be allowed to exercise it without opposition and skilled scrutiny. The bad psychiatrist rarely sees his patient, he submits a report on the patients health to the tribunal which is perhaps wholly copied from previous reports. He is not adverse to encouraging manipulation to worsen the patients condition prior to a hearing, or, simply to presenting false evidence, or relying on his status as inherently a lesser liar than any patient might be thought to be. Such a man is a godsend to a representative, though a curse to his patients. The real opposition to the representative, comes, in my own view, from the skilled and resposible doctor, who, by virtue of the understanding, power and perception which his disclipine gives him, can out-argue all but the best. There are many incompetents around, but it is the smooth tongued clever chap, who will decide if the latest push for psychiatric patients rights will get far.

I cannot conclude without giving personal thanks to those responsible for conceiving

of this course, chief amongst whom must be the ubiquitous American lawyer Larry Gostin. I hope their follow-up has staying power.

References

1. **'A review of the Mental Health Act 1959'** *published for the DHSS by HMSO. 1976.*
2. **'Mental Health Review Tribunals'** by Larry Gostin. MIND. 1976
3. *It is not strictly correct to say that, apart from MIND, there is no representation other than a few solicitors. The NCCL is still interested, but has limited capacity, and there are active Mental Patients Unions such as the one in Hackney.*

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