

LETTER TO THE EDITOR

Darenth Park
Dartford
Kent.

Dear Sir,

"ONCE SEVERELY SUBNORMAL, ALWAYS SEVERELY SUBNORMAL?"

In our discussion of restriction orders (1) in your recent Symposium we overlooked one further anomaly with interesting implications.

A restricted patient cannot be reclassified as to type of mental disorder. Since the Ministry of Health (2) has circulated its policy of retaining restrictions when a Special Hospital patient has improved sufficiently to be transferred to an open hospital as part of his rehabilitation, a difficult situation can arise in cases of apparent misclassification. Such misclassification is probably not uncommon, partly because of difficulties in interpreting the mixed medical and social criteria used in the Mental Health Act to discriminate between degrees of mental subnormality.

A patient might be detained under an inappropriate classification for many years, or even continue to be detained under Section 65 when the conditions necessary for the medical recommendations under Section 60 no longer apply.

In certain cases of mental illness this might constitute an express reason for the imposition of restrictions, which may have been in the Lord Chief Justice's mind when he made his recent pronouncement (3) about the appropriate measures to be taken by Courts in the case of dangerous patients and sex offenders. *Within a Special Hospital it may be logical that a patient who can no longer be described appropriately as "mentally ill" should, nevertheless, continue to be compulsorily detained. At an open hospital this is ethically doubtful and could place the doctor in an invidious position.*

For subnormals other issues arise, and the topic of their proper classification was the subject of another of your symposia (4). Here it was suggested that the I.Q. could not be left out of account in classification of subnormality (5) and that "severe subnormality" should be limited to patients with I.Qs. below 55, and that the upper limit of "subnormality" should be I.Q. 70. Elsewhere in the same issue is to be found the opinion that a patient with an I.Q. score of 85 or more in any test whatever should not be regarded as suffering from "subnormality". (6)

We were recently asked to take a young man classified as "severely subnormal" whose I.Q. was most recently assessed as 80 (*verbal 70, performance 95*). He had been stable and well-behaved ever since admission to a Special Hospital six years before under a restriction order without limit of time, following conviction for offences involving the stealing and driving of motorcars.

We suggested that restrictions upon discharge might no longer be essential and that reclassification ought to be considered. The first was declined, in accordance with Ministry policy, and so the second remained impossible. We were, therefore, unwilling to accept the patient and I understand that two other psychiatric hospitals have been approached and reacted similarly.

It is questionable whether this patient should continue to be compulsorily detained under the "severe subnormality" category and there is room for doubt whether an independent expert would even sustain a classification of "subnormality" *within the criteria set down by the Mental Health Act*. Moreover the remaining relevant category, "psychopathic disorder," no longer quite fits a patient who is said to have worked to the best of his ability for six years, been no trouble, continued to be co-operative and well-behaved. This suggests the further possibility *that he might not in fact need medical and psychiatric hospital care at all.*

In your Symposium Tizard is quoted as suggesting that such patients could be looked after in hostels run by the Local Authority under appropriate medical supervision and that their training and rehabilitation could be arranged with the co-operation of the Ministry of Labour under the Disabled Persons Acts (7). *Substantially increased Local Authority provision of suitable alternatives would undoubtedly be followed by a change in the character of our long-stay hospital populations, but in many areas there seems to be little impetus for such developments.*

The problems surrounding restriction orders in open hospitals have attracted widespread interest (8-12) since Lord Parker's important statement advocating fuller use of restriction

orders, which followed his judgement upon one of our subnormal patients. It is noteworthy that in the National Press and professional journals some confusion has resulted from failure to distinguish clearly between mental illness treated in mental hospitals and subnormal offenders treated in subnormality hospitals, where different considerations often apply. (13)

Yours faithfully,

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