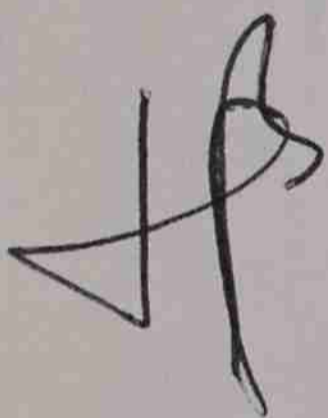


MR ADDISON

22 April 1986

PSYCHOPATHS

I have been copied a letter from DHSS to Home Office (attached). It shows that, although the problem which the Prime Minister will take up with the Home Secretary at their next bilateral is being addressed, no solution has yet been agreed. We believe our proposal is still a useful option.



HARTLEY BOOTH

RECEIVED BY
21 APR 1986
PRIVATE SECRETARY



DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

The Rt Hon Douglas Hurd CBE MP
Secretary of State for the Home Department
Home Office
50 Queen Anne's Gate
LONDON
SW1H 9AT

Mr Faulkner for advice please

Mr Duke-Evans
Miss Stewart

Mr Newman

Mr Bhan

Mr Caffrey

Mr Howe

Mr Bhan

Mr Boshua

21 April 1986

CLOSED UNDER THE
FREEDOM OF INFORMATION
ACT 2000

PSYCHOPATHS AND THE MENTAL HEALTH ACT

When he wrote to you on 8 November, Barney Hayhoe referred to the role of Mental Health Review Tribunals in resolving difficult cases under the Mental Health Act, 1983. The outcome of two of those cases, involving [redacted] prompt me to write to you to propose action which should involve both our Departments, as I hope you will agree. There are I think three sets of issues which need to be considered. They are related, but need not be pursued in sequence.

First, there are the immediate implications of the Mental Health Review Tribunal's decision in the case of [redacted] We have to consider how that decision reflects on the handling of the case in Park Lane, and what should be done as regards the management of [redacted] as a patient in the future. As an early first step in that process, the clinical team responsible for [redacted] is to go over the case in detail with senior officials here. I shall want to be satisfied about the future clinical arrangements for [redacted] and I shall be in touch with you about them.

Second, the Tribunal's decision raises questions about the assessment, treatment and management of psychopathic patients generally, not only at Park Lane but also at the other special hospitals. I am sure that this broader issue needs to be pursued as well, assuming in the first place that the definitions and rules set out in the 1983 Mental Health Act continue to apply.

But third, there is the question of those definitions and rules themselves. The provisions for psychopaths have never been an easy area; the Act itself was constructed only after very careful

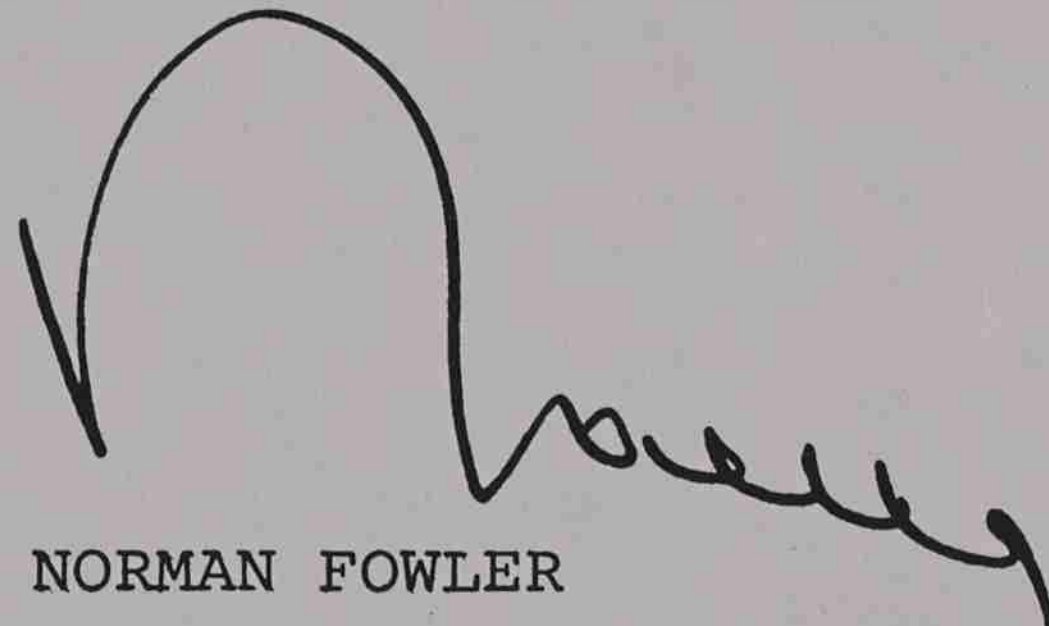
E.R.

thought and deliberation about this difficult matter. Nevertheless, it seems to me that we ought to ask ourselves in the light of experience whether the relevant provisions are capable of being operated satisfactorily. If not, we shall need to consider what other measures might be feasible.

So I should like to suggest that our officials should be asked to tackle these issues jointly and to report to us within, say, three months. Probably the most appropriate arrangement would be for the work to be led by the Deputy Secretary here responsible for Health and Personal Social Services Policy, who would invite one of your Deputy Secretaries to join him. I would hope that we could have fairly quickly an interim report which would deal with the implications of the two cases, and set out the wider, strategic options open to us. If you agree, the report might come to me in the first instance, given my responsibility for Mental Health legislation, but I would then be anxious to have your comments on it. Although I have set the topics in order, I see no reason why some of the longer term work need wait for the more immediate tasks to be completed. Both can be carried forward together, and that is what I should want to see.

If as I hope you are content with this approach, I will arrange for the work to be started at once.

You see.



NORMAN FOWLER