some at least of the offenders, instead of being admitted to Broadmoor, would be given prison sentences which could be the proposed new 'reviewable sentence,' 'designed to enable the offender to be detained only until his progress under treatment . . . allowed him to be released under supervision without serious risk to the public.'

THE CARE OF THE INADEQUATES

At the other end of this particular spectrum are the inadequates, a heterogenous group of rootless, homeless persons suffering from a variety of personality disorders, chronic psychoses, alcohol and drug addiction. These the committee place very firmly on the doorstep of the local psychiatric hospitals aware, as they are, that it is from these institutions that, in many instances, they have been quite recently booted out. There is an almost quaint, antique ring to the suggestion that one of the roles of mental hospitals, is, or ought to be, sanctuary, or asylum.

Official inertia following the Butler Report

Whether all, or indeed any, of the recommendations made, particularly those involving bricks and mortar, will ever come about remains to be seen. As long ago as 1961 the then regional hospital boards were asked to provide secure units by the Ministry of Health. Not a single one has materialized. The dangers of this continuing inertia cannot be exaggerated. Unless and until the secure units materialize both the spirit of the 1959 Act and the work of the Butler Committee will be frustrated, and as a result, the welfare of the mentally abnormal offender will be jeopardized, and the safety of the public will be put at risk.

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The concept of dangerousness

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For a few people—the staff of the special hospitals, for example, the staff of Grendon Psychiatric Prison, half perhaps of the full-time prison doctors and the slowly growing band of forensic psychiatrists—the publication of the Butler Report was a major event. The professional *raison d'être* of these people is to take decisions on the mentally abnormal offender. For many more—judges, magistrates, probation officers and the police, social workers, psychiatrists and the staff of psychiatric hospitals—contact with these patients may only be occasional, and perhaps for that reason less practised, less skilled and more awkward and unhappy. The mentally abnormal offender forms a very small proportion of the total number of either offenders or of the mentally abnormal. The Butler Report itself says that psychiatric disposals account for less than half of 1 per cent of the 736 860 convictions for non-motoring offences; of the 197 000 admissions to all psychiatric hospitals (including the special hospitals) in England and Wales in 1973, fewer than 1 per cent came from courts and prisons. But they have an importance in the public eye quite out of proportion to their numbers. Professional people who have only an infrequent need to be concerned might value a reappraisal of the recommendations in the Butler Report, particularly as these will certainly weigh heavily in the review of the Mental Health Act 1959 now in progress.

The Butler Report is long and comprehensive, and a short article can only deal with a few points. In an Interim Report published in April 1974, some 18 months before the full report, the Committee recommended as a matter of urgency the setting up of secure hospital units in each region. These are needed because 'custodial requirements cannot be reconciled with the "open door" therapeutic policy now practised'. And they are needed for offender and non-offender alike. They form a vital part of the suggestions the Committee makes for coping with 'dangerousness', a concept that receives a chapter to itself and a very thorough discussion. One of these proposals is that the functions of the advisory board on certain patients detained under section 65, set up on the advice of the Aarvold Committee, should be extended. The Butler Committee also proposes that the existing safeguards about discharge, supervision and recall should be extended and modified. Most controversial of all is the proposal for a new form of indeterminate sentence for dangerous offenders who have a history of mental disorder that cannot be dealt with under the Mental Health Act and for whom equally a sentence to life imprisonment is not appropriate. Such an open-ended sentence would be subject to a mandatory review every two years, release being dependent entirely on the issue of

dangerousness.

The reviewable sentence

The Butler Committee, only too well aware of the inherent objections to indeterminate sentences and their dangers, goes at some length and depth into the alternative ways of contending with the dangerousness that may still mark a prisoner about to be released. It concludes that the decision should and could justly be made only at the time of sentencing. The Committee thinks that these reviewable sentences would be used seldom and it suggests safeguards. These include a proviso that the offender should be at least 17 years old, and evidence from two psychiatrists that he has shown signs of mental disorder but that he cannot be dealt with under the Mental Health Act 1959 because his disorder is insufficiently severe or because no suitable hospital will receive him or for other reasons, such as that he is a psychopath with dangerous antisocial tendencies. Other safeguards would be that the court should consider a social report and should be satisfied from this and other evidence that there is a substantial probability of the offender's committing a further offence involving grave harm to another person.

Certain psychopaths, then, the dangerous, could, the Report suggests, be dealt with by means of the reviewable sentence. However, this is but the start of the Committee's concern with 'psychopathy' and 'psychopaths', terms that it continues to use, unsatisfactory as they admittedly are for want of better. One of the bonuses in the report is a historical summary of these and other related concepts that could fairly grace a psychiatric textbook. Another bonus, found as Appendix 5, is more recondite. Section 301, 'personality disorders', is there reprinted from the British glossary to the 1968 revision of the International System of Classification of Diseases [1] together with the corresponding but somewhat different extract from the WHO Glossary of Mental Disorders [1] (1974). Both are invaluable and rather difficult to come by. A third bonus is a brief account of how this 'most elusive category', that is, psychopathy, came to get into the Mental Health Act 1959 and—like its exemplars—to cause trouble ever since.

Are psychopaths treatable?

The Butler Committee notes the many cogent arguments that were put to it for removing the term 'psychopathic disorder' from the Act; they are arguments we have grown familiar with over the years and which can be briefly identified as vagueness, circular definition, over-inclusiveness, labelling and 'the Scots don't need it'. Although there can be little doubt where its sympathies lie, the Committee stops short of concurring because such advice would go beyond its remit and would concern cases under part IV (civil) of the Act as well as under part V (criminal). The effect of changing the Act in this way would be that psychopaths could continue to be admitted to hospital informally and under sections 29 and 25. But compulsory admission of younger psychopathic patients under section 26 or of psychopaths who were offenders under section 60 would become impossible.

It is interesting to try to estimate the number of people affected. In 1973, of the 180 000 admissions to all hospitals for mental illness, for mental handicap and special hospitals in England, 2690 (1.5 per cent) came in the category of psychopathic disorder; of these 2029 were admitted as informal patients, 450 on short-term orders (up to 28 days) and only 211 under sections 26, 60, 65, 72.

The Butler Report attempts to reassure those doctors and hospitals willing to accept psychopaths for treatment, and reminds us that the Act defines medical treatment as including not only nursing but also care and training. Realistically, however, the Report continues: '. . . the great weight of evidence presented to us tends to support the conclusion that psychopaths are not, in general, treatable, at least in medical terms'. Experience in Sweden, Holland and Denmark has yielded diminishing confidence in the possibility of treatment for psychopathic offenders. Nevertheless, certain selected patients and inmates do seem to respond at Grendon prison or in hospitals in Britain to therapeutic community methods or to techniques of behaviour modification, but these do not include the more aggressive offenders. These last (the report here is unequivocal) belong within the prison system.

Training units within the prison system

For those psychopaths within the prison system who are regarded as unsuitable for treatment in Grendon prison or any of the other specialized facilities, the Butler Committee suggests that one or more 'training units' should be set up. Such offenders would include those who had little motivation for treatment, those who on occasions might be violent and disruptive and some of the dangerous people on reviewable sentences. The regime would be highly structured and based equally on work and social activity. Admission to such a unit would be voluntary and the work and training would look very strongly towards employment after release.

The Butler Committee sees an eventual need for perhaps 750 places in units of this kind, but it suggests that as a beginning and to provide for research into comparisons two units should be set up.

[1] *Glossary of Mental Disorders and Guide to their Classification* for use in conjunction with the *International Classification of Diseases*, 8th revision. World Health Organisation, 1974 (pp 86; price Sw fr 12.00).

We know so little about the effects of treatment and training in the personality disorders that even the haziest guess can hardly be made of the length of time someone can expect to stay in a training unit. Those going there can be looked on as specially selected for a poor outlook, for the more hopeful will have gone elsewhere. If, as many people believe, only the passage of time has any beneficial effect—and this only when the offender is past 30—many will have a long time to wait.

The realism of the Butler Report

In its recognition that the offence and the mental disorder may be unconnected, that some kinds of mental disorder are untreatable, that an open hospital is very often not the best place to treat a mentally disordered offender and that the public has in the last 16 years sometimes been poorly protected, the Butler Committee has certainly taken a realistic stance. Some people may think that it has taken a step backwards; others that the hopes for therapy that underlay the report of the Royal Commission of 1954–57 and the ensuing Mental Health Act of 1959 in the sections that dealt with offenders were dewy-eyed. In the new world of psychiatric units, open wards and multidisciplinary teams the psychotic offender can be expected to do rather well unless he is psychopathic as well, or unless, having responded to treatment, he is discharged, fails to keep in touch, relapses and offends again.

If the main recommendations are accepted and embodied in legislation and administrative change, if regional security units are set up in sufficient numbers and if forensic psychiatry spreads its wings, the ordinary psychiatrist, who hitherto may have been less than happy to be his own forensic expert, will be relieved. As a citizen he could reflect that even when hedged about with safeguards the indeterminate sentence is nasty (very, very few of his own load of guilt, his own long-term patients, are detained under any kind of order). He could view with suspicion the 'volunteering' of psychopathic patients for the new training units. But mostly he will be apprehensive that all the devoted labour that went into this Report will be wasted, that nothing will happen, that there will be no money and that the dust will collect, as it has over the suggestions of the Working Party on the Special Hospitals (1961) for diagnostic and treatment centres. At present the prospect for secure units still looks good.