

Reviews

Broadmoor. David Cohen. 1981. London: Psychology News Press. Pp 146. £6.95 (hardback); £3.95 (softback).

The tone of this book is highly critical, but not entirely unsympathetic. Broadmoor, a solidly built Victorian institution, constrained within a massive prison wall, and chronically overcrowded, has to care for whoever is sent there. The very mixed inmate population includes some of the most difficult and dangerous of society's rejects, as well as many who are more sad or pathetic than menacing. The nursing staff, members of the Prison Officers' Association, wear prison style uniform, live on the estate, and are guardians, not only of security (the first essential in the eyes of the public and the press) but of an authoritarian tradition developed over generations of isolation in a secretive, total institution whose contacts with society at large were notably distant and distrustful. The absence of a Board of Governors, the system of direct control by the Department of Health, and the limitations on discharge of 'restricted' patients imposed by the Home Office, are all circumstances conducive to a conservative outlook and discouraging to innovative treatments or bold experiments in rehabilitation. At present, Broadmoor patients often remain in that institution for much longer than they would have stayed in prison had they been sentenced for their crimes, and incomparably longer than patients with similar diagnoses in ordinary hospitals.

With the spread of open-door, libertarian ideals in NHS hospitals, and the studied avoidance of coercive methods that might lead to complaints of infringements of civil liberties, the level of tolerance of obstreperous patients has diminished. Consequently, an increasing number of patients, labelled dangerous and unmanageable, are transferred to Broadmoor under Section 26, without having been convicted of any crime. This increases the strain on limited facilities, and results in some non-criminal patients being detained for longer periods and in more restrictive conditions than necessary. The problem is compounded by the increasing reluctance of NHS hospitals to admit transfers from Broadmoor, so that some patients have to wait literally for years after being declared fit for discharge from high security. Nursing organizations have been in the forefront of this hostility to potentially troublesome patients, on the grounds that they lack the necessary facilities and numbers of staff. They may also lack the old-fashioned skills in coping with aggressive patients.

If there were group homes or semi-secure units to which Special Hospital patients requiring protracted care could be transferred, fewer patients would need to die or reach old age in Broadmoor. If security were more imaginative, so that realistic social skills training, supervised working parties outside the walls, and week-end leaves could all be used

more often, then rehabilitation might be more effective and assessments more discriminating so that in the long run the public might be better protected than at present. If there were more open government at Broadmoor, and the umbrella of the Official Secrets Acts were put away, there might be less suspicion of bullying or malpractice, and less need on the part of the staff to protect themselves from accusations and complaints with an aggressively defensive posture.

The author produced the television film 'I was in Broadmoor', and it is stated that the company were denied permission to film inside or to interview staff. This may have made him more grudging in his judgements than might otherwise have been the case, but he does pay a brief tribute to the very considerable improvements that have taken place in the institution in recent years during the superintendency of Dr Patrick McGrath. Among the important developments he mentions, and could have enlarged upon, are the expansions of the psychology and social work departments, which now employ eight clinical psychologists and nine social workers, as well as the increase in the number of consultant psychiatrists, from only two in 1956 to a total of eight at present, and the formation of the hospital's own school of nursing. The opening of a new Special Hospital, Park Lane, means that the pressure of numbers is less than it otherwise would have been, and plans for a complete rebuilding of the hospital are under consideration.

Only persons with direct experience of 'total institutions' charged with the care of dangerous criminals can appreciate the extent of the staff conflicts and pressures which inevitably arise from the attempts to serve the often contradictory demands of security, public confidence and therapeutic requirements. The temptation to retreat behind a defensive wall of administrative secrecy and traditional rules is great, but Broadmoor is not, as a superficial reading of this book might suggest, an isolated institution impervious to reform. Particularly promising developments, not mentioned by Cohen, include the use of Broadmoor as a training centre for a new breed of forensic psychiatrists and the establishments of closer links with the Institute of Psychiatry.

For the immediate future, David Cohen proposes some sensible and really quite moderate reforms. These include the formation of an independent supervisory board with both lay and ex-patient representation, setting up of the long delayed regional secure units, less insularity, better integration of Broadmoor nurses into the psychiatric nursing system, and an independent review system for the release of Section 65 cases whose fate at present rests entirely at the discretion of the Home Secretary.

The author is to be congratulated on a reasonably argued and informative study of a much neglected subject.

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