

Treatment of criminal psychopaths in Holland

DEAR SIRs

We were fortunate in recently being able to visit the Dutch 'TBR Institutions' for the treatment of psychopathic offenders, which has caused us to reflect upon our approach to these patients in the National Health Service.

Holland has no equivalent of the 1983 Mental Health Act in respect of the disposal of mentally disordered offenders. Offenders who suffer from severe mental illness are liable to be judged as not criminally responsible for their actions, in a manner parallel to the British insanity verdict. Individuals with lesser degrees of mental disturbances, most commonly diagnosed as suffering from personality disorders, may be deemed to be of diminished responsibility for their actions. Serious offenders of this type can be detained indefinitely, at the Governments' pleasure (TBR), subject to judicial review, for the purpose of protecting society against their criminal behaviour. Unlike Britain, where a defence of diminished responsibility is applicable only to those individuals charged with murder, in Holland this concept applies across the spectrum of criminal offences.

Based on these two medico/legal categories of absent or diminished criminal responsibility, Holland has two separate systems for dealing with mentally disordered offenders. Those who suffer from severe mental disorder and are judged not responsible for their actions are committed to psychiatric hospitals, operating within the Health Service. Individuals who are judged to be of diminished responsibility are treated within one of the seven 'TBR Institutions', comprising in total approximately 400 beds, which operate within the orbit of the Ministry of Justice. These institutions offer specialised psychotherapeutic programmes for psychopathic offenders, although the psychotherapeutic school in prominence varies from institution to institution. We could not help but be impressed by the quality of the psychotherapeutic programmes, which appear to have a sophistication and commitment not easily found within British forensic psychiatric services.

The forensic psychiatric services of the National Health Service in England and Wales have to provide treatment for both mentally ill and psychopathic patients. It is our impression that there is considerable uncertainty about the treatment of psychopathic offenders within both our Special Hospitals and Regional Secure Units. We consider that this may, in part, be linked to the inherent difficulties in treating both mentally ill and psychopathic patients within the same setting, as the requirements of these two quite distinct groups vary dramatically; the former requiring medical treatment for their illness and the latter a psychotherapeutic approach to their

disorder. We conclude that there may be advantages in the Dutch model in having facilities for the treatment of psychopathic offenders separate from those which offer orthodox treatment for mental illness. It is an area which British forensic psychiatric services might take note of, with advantage.

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Mental Health Review Tribunals

DEAR SIRs

Following Dr Grounds article on Mental Health Review Tribunals (MHRT) (*Psychiatric Bulletin*, June 1989, 13, 299–300) there have been two interesting comments by Graham Petrie (*Psychiatric Bulletin*, October 1989, 13, 571) and Herschel Prins (*Psychiatric Bulletin*, January 1990, 14, 42). The latter is right in pointing out that it is possible to continue to treat a patient on an 'informal basis' after he/she has been discharged by a MHRT. There is no reason why this should not happen in a special hospital. There are two informal patients at Park Lane Special Hospital at present.

It is worth noting that the MHRTs can and do discharge unrestricted patients as well and not uncommonly patients may agree to stay on as informal in-patients until their psychiatric state is further improved and/or adequate aftercare arrangements have been made. Occasionally MHRTs agree to give patients a 'conditional discharge' but defer the date of discharge to give relevant agencies time to fulfil the conditions stipulated. A number of patients apply to the MHRT soon after admission, motivated either by their abnormal mental state or well-meaning legal representatives. When their mental state improves some withdraw their application, and a few others agree to stay in the hospital irrespective of the outcome of the tribunal hearing.

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Epidemiology of senior psychiatrists

DEAR SIRs

Two recent meetings have allowed detailed observations on senior psychiatrists. The first was a meeting of senior organisers for the Part I MRCPsych,