

## ROYAL COMMISSION ON LUNACY AND MENTAL DISORDER.

### SUMMARY OF REPORT.

The Royal Commission on Lunacy was appointed under the Chairmanship of the Rt. Hon. H. P. Macmillan, K.C., on July 25th, 1924, with the following terms of reference:—

(1) To inquire as regards England and Wales into the existing law and administrative machinery in connection with the certification, detention and care of persons who are or are alleged to be of unsound mind;

(2) To consider as regards England and Wales the extent to which provision is or should be made for the treatment without certification of persons suffering from mental disorder;

And to make recommendations.

The Report is published after an inquiry which has lasted for just under two years. The Commission sat for 42 days to hear oral evidence and over 100 witnesses attended before them, including 13 persons who had previously been inmates of institutions. The Minutes of Evidence and Appendices will be published in due course.

The Report, after dealing with the procedure of the Commission and giving a preliminary historical note and general outline of the present system, devotes an early chapter to the general impressions which the inquiry has left on the minds of the Commissioners. They state that there is no clear line of demarcation between mental illness and physical illness. The distinction is commonly based on a difference of symptoms and is in practice no doubt convenient, but it has had an undue influence on the development of the lunacy system. The modern conception of mental illness calls for a complete revision of the attitude of society in the matter of its duty to the mentally afflicted. The key-note of the past has been detention; the key-note of the future should be prevention and treatment; but the crucial difficulty lies in this, that the special nature of the symptoms of mental illness must in many cases necessitate restraint. The Commission take the view that every facility and encouragement should be afforded to the mentally ailing to submit themselves voluntarily to treatment; but where compulsory detention is unavoidable the intervention of the law should be as unobtrusive as possible and should extend no further than is necessary to secure that the patient's liberty is not infringed longer or to a greater extent than his symptoms necessitate in his own or the public interest. In particular, emphasis is laid on the need for providing facilities for the treatment of incipient mental disorder without the necessity of certification, which should be the last resort in treatment and not (as is now too commonly the case) the pre-requisite of treatment. Further, the problem of insanity is essentially a public health problem, and the administration of the lunacy code should be associated as far as possible with public health administration rather than with the Poor Law.

Appended is an abridged summary of the principal recommendations:—

#### 1. Certification and Treatment without Certification.

(1) That the lunacy code should be re-cast so that the treatment of mental disorder should approximate as nearly to the treatment of physical ailments as is consistent with the special safeguards which are indispensable when the liberty of the subject is infringed; that certification should be the last resort and not a necessary preliminary to treatment; that the procedure for certification should be simplified, made uniform for private and rate-aided cases alike, and dissociated from the Poor Law.

(2) That facilities for the treatment of voluntary boarders should be increased, particularly by their admission to public mental hospitals.

(3) That in the case of an involuntary patient, if there is a prognosis of early recovery, facilities should be provided for

treatment without certification for a period of one to six months under a Provisional Treatment Order.

(4) That involuntary patients requiring full certification should be the subject of a Reception Order made by a judicial authority on two medical certificates.

(5) That the judicial authority making these Orders should be specially selected justices and that they should exercise their discretion under certain directions to be prescribed by Statute.

(6) That medical practitioners should receive additional protection by an amendment of Section 330 of the Act; that further attention should be given to mental science in the medical curriculum; and that local authorities should be empowered to appoint a certifying physician for their area.

#### 11. Detention.

(1) That in the case of every person received as a voluntary boarder or detained under the Act a notification should be sent to the Board of Control.

(2) That an alternative form of continuation report should be provided for use in the case of convalescent patients.

(3) That a Visitor of the Board of Control should visit every institution and every patient in single care at least twice a year.

(4) That local visiting authorities, in addition to the periodical visits already prescribed, should visit at least once a month for the purpose of seeing new patients and their admission documents.

(5) That local authorities should be empowered, subject to the approval of the Board of Control, to make provision for the after care of patients.

(6) That the power of a petitioner to direct the discharge of a patient should be subject to further limitation.

(7) That Section 83 of the Lunacy Act should be extended so as to make explicit the duty of the medical officers in charge of public mental hospitals to apprise the appropriate authority of the recovery of any patient.

(8) That if the lay authority of a public mental hospital desire to discharge a patient against the advice of the medical officer, such action should be taken by the whole authority; and that Section 77 (1) of the Lunacy Act should be repealed.

(9) That special steps should be taken to classify convalescent patients so that they may receive the sustained observation of the medical superintendent.

#### 111. Care.

(1) That voluntary unofficial visitors of suitable experience should be appointed by the authorities of mental institutions.

(2) That notices should be posted in every ward setting out the rights of patients in regard to correspondence and interviews; that letter-boxes should be provided in the wards and other suitable places, and opened only by one of the senior officers.

(3) That the attention of visiting committees should be drawn to their responsibility for ensuring that the medical superintendent is so far relieved of administrative details that he can devote the greater part of his time to his medical work.

(4) That the appointment of any person to be medical officer in charge of a public mental hospital, registered hospital or licensed house, should be subject to previous consultation with the Board of Control, and that the retiring age should normally be 60.

(5) That the medical staffs of some institutions require enlargement; that assistant medical officers should have facilities for study leave; that the financial prospects of the service should be improved; and that a proportion of the medical staff should be recruited from those having experience as house physician or house surgeon in general hospitals.

(6) That the recruitment of probationers to the nursing staff should be extended to persons of maturer years; and

[previous page](#)

[next page](#)