THE STATE HOSPITAL AT CARSTAIRS

For those of you who do not know Lanarkshire (where I work), suffice it to say that it has some of the most challenging urban environments with its post-industrial landscape. This urban environment is complemented by equally demanding health and health inequality issues which public health strives to tackle. However, Lanarkshire also has some of the most stunning scenery in Scotland although the hills here are not quite as high as those in our Highlands. Any drive through the Clyde Valley in south Lanarkshire is heart-lifting, and one exceptionally fine Scottish summer day recently, I had the pleasure of driving through that Lanarkshire countryside.

During the drive, my thoughts took me back, many years ago, to when I was a medical student at Edinburgh and our professor of psychiatry took three of us on one of his visits to the State Hospital at Carstairs. He was involved in reviewing patients and we three eager medical students followed the process that long afternoon. Of course, we all knew of Carstairs and had heard of the patients who were there.

So I was on my way to the State Hospital again. At one time, when I took the wrong turning (I’m regarded as somewhat of a Luddite by some gadget-geeks because I tend to use maps rather than satellite navigation systems), I asked for directions to the State Hospital, and the woman replied, ‘The State Hospital? Oh aye, the penitentiary you mean’, before pointing me in the right direction. The response gives readers an idea of the type of institution I was visiting.

The State Hospital is part of the National Health Service (NHS) in Scotland and is a ‘special’ health board with its own management structures. It provides a special security psychiatric hospital service to Scotland and Northern Ireland, covering a population of 6.1 million people, for patients who pose a risk to the public because of their dangerous, violent or criminal tendencies. As such, it is one of four secure hospitals in the UK. Patients are usually admitted under legislation such as the Criminal Procedure (Scotland) Act 1995, the Mental Health (Care and Treatment) (Scotland) Act 2003 and similar legislation. It is part of the Forensic Mental Health Services Managed Care Network (MCN) in Scotland. As the website notes, the MCN provides a Scotland-wide approach to service planning, development of patient pathways, strategic planning, and teaching, training and research for forensic mental health services.

The history of the State Hospital is interesting, with approaches used in the past that are now regarded as inhumane. People who had mental illness and broke the law did not have any alternative to prison in Scotland until the early 19th century. Patients were then treated in a number of Royal Hospitals throughout Scotland but by the mid-19th century it was recognized that a central resource was needed. There are echoes here of modern-day concentration of specialist services. Hence, in Perth Prison a specific area was created called the ‘criminal lunatic department’. A highly selected group of patients continued to be treated in this setting until the 1930s when a site at Carstairs was identified to provide better facilities for patients termed ‘mental defectives’, or who we would now call patients with learning difficulties. The Second World War disrupted procedures and it was not until 1948 Carstairs reverted to civilian use. In 1957, 90 prisoners from Perth Prison were moved to what was now termed The State Hospital for Mental Illness. Over time Carstairs concentrated only on providing treatment and care for the group of patients defined above, which is, patients with dangerous, violent or criminal tendencies. Carstairs also moved its work on to one rather than two (adjacent) sites. It became part of the NHS in the 1990s and over the past 6 years has completely modernized its buildings within its mile-long security perimeter fence.
Carstairs has beds for 140 men patients—women patients in Scotland who require these services are sent to the secure hospital at Rampton in England. The mean age is 42 years and the majority of patients have a diagnosis of schizophrenia. Not all the patients would have been convicted of an offence but they would have displayed serious aggressive behaviour. The time spent in Carstairs varies from 2 months to over 40 years, with the mean length of stay being 8 years. In the financial year 2012–13, 25 patients were admitted. Thirteen (52%) came from courts, 8 (32%) from prison, and 4 (16%) from other hospitals. Thirty patients were discharged—3 (10%) to courts, 5 (17%) to prisons, 18 (60%) to other hospitals and 3 (10%) to the community. One patient died in Carstairs during that year.

Over 700 persons work at Carstairs in multidisciplinary teams providing patients with care and treatment. This includes medical (including primary care), nursing, psychology and occupational therapy staff. The staff also supports patients’ activities in sports, craft and design, woodcraft, gardening and animal therapy, and learning (with some patients taking external qualifications). Spiritual care is provided for. Security staff form a critical part of security arrangements and everyone in Carstairs is keenly aware of the potential risk that patients can pose. They have, undoubtedly, memories of the incident in 1976 when two patients escaped and three people died—a patient, a nursing staff member and a police officer. The two patients were eventually re-captured over 75 miles away in Carlisle.

On my drive back from Carstairs the glorious summer day continued but my mood was subdued. I was reflecting on the ‘penitentiary’ remark on my way there and how difficult it is to change the mindset of the population. That is a challenge for us as doctors and for society to tackle. I was also reflecting on Carstairs staff, working with some of the most challenging patients in Scotland. Yet one key sign of a civilized society is how we deal with our most difficult patients—in this case in secure surroundings. The staff at Carstairs strive to provide care, treatment and rehabilitation to patients that is humane, effective and in an appropriate environment. This is not an easy task but the staff have much to be proud of.

REFERENCES

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Obituaries

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and in the Middle East. They die without their contributions to our country being acknowledged.

The National Medical Journal of India wishes to recognize the efforts of these doctors. We invite short accounts of the life and work of a recently deceased colleague by a friend, student or relative. The account in about 500 to 1000 words should describe his or her education and training and highlight the achievements as well as disappointments. A photograph should accompany the obituary.

—Editor