

....ON FORENSIC PSYCHIATRY

I believe that I first heard of the existence of a speciality of forensic psychiatry when I was a student. Dr Keith Wardrop, who founded the Douglas Inch Clinic in Glasgow, came to lecture to the Student Medical Society in Dundee and for the first time I heard a psychiatrist talking about a whole range of problems which most of us had given little thought to. Dr Wardrop was, I recollect, primarily involved in providing psychiatric services to young offenders in the West of Scotland, but one also realised, listening to him, that the possibilities for psychiatry in the field of delinquency and the management of the offender might have much to offer and had hardly yet been developed or researched. Through him I heard of the Portman Clinic and ISTD which had gathered together that group of distinguished criminologists and psychiatrists who had founded the Portman and later the British Journal of Criminology.

It was these pioneers whose interest began in the field of juvenile delinquency, together with Professor Trevor Gibbens and Peter Scott who probably launched the speciality of forensic psychiatry which has grown and developed during the last thirty years. However, in the wider world of practice, forensic work was largely a part of general psychiatric work. Many senior consultants became well known in their local areas for providing expertise in major criminal cases, but there were few, if any, specialist forensic psychiatric clinics and treatment, such as it was, was centred upon the special hospitals, particularly Broadmoor, and in the prisons.

Although there had been considerable optimism about the part that psychiatry could play in the treatment of offenders, treatment for many years was largely custodial. A great deal has changed since those days. The first appointments of Consultants in Forensic Psychiatry were made at the end of 1966 in an attempt to raise the quality of psychiatric work in prisons and to provide local psychiatric expertise in the health regions. It was a simple idea to appoint Consultants jointly to prisons and health regions but in the prisons the experiment

largely failed as there was no enthusiasm on the part of Prison Medical Officers to accept consultants in the prisons telling them what to do. These appointments, however, provided a real opportunity to establish out-patient centres, to take on the first Senior Registrars for training, and to begin talking about the concept of a forensic psychiatry service and what it should consist of. By the time the Committee on Mentally Abnormal Offenders was appointed in 1972, five or six consultants were now in post and were able to group under the leadership of Peter Scott - a supportive peer group which

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proposed the idea of medium secure units to the Butler Committee. These ideas were taken up within the Butler Committee by Alan Weston, the forensic psychiatrist at Leeds, who was appointed to the Committee itself.

The Butler Committee was a landmark in the development of forensic psychiatry. It made wide ranging recommendations for changing the law on insanity, diminished responsibility, fitness to plead and it discussed the future development of forensic psychiatry services, the probation services, their interaction and the role of the special hospitals. Its real impetus came from the founding of the secure unit programme with its requirement for an army of trained psychiatrists, nurses, social workers, psychologists, occupational therapists and others to staff the units and the services that they supported. As a consequence of this a new psychiatric speciality was formalised in answer to a pressing need. Training programmes were created and the new opportunities steadily attracted a cadre of exceptionally able young doctors into a new and challenging field.

But it did not happen overnight and progress was painfully slow. There was far less enthusiasm among the bureaucrats to see this development and to support the planning of the new units and it took ten years to see a substantial improvement. Now things are very different, although the changes brought about by Butler are largely confined to the area of treatment and services. Most

health regions have purpose built, specialised psychiatric hospitals for dealing with mentally abnormal offenders and the standards that have been set, and the quality of work produced, is often better than the older hospitals nearby which are on the decline as they are being phased out. There are now something in the order of 70 Consultant Forensic Psychiatrists in England and Wales, a large number of forensic psychiatric nurses and specialised psychologists, occupations therapists and social workers. It has been encouraging that in many parts of the country (usually outside London) this work is increasingly attractive.

But the law remains, as it always was. The ingenious recommendations for changing the law of insanity, have been considered by the Criminal Law Revision Committee and the Law Commission and by others, but we still await change. Diminished responsibility remains highly unsatisfactory and requires psychiatrists repeatedly to exhibit semantic contortions in court to satisfy the requirements of the Homicide Act. Fitness to plead requires updating and the lawyers and judiciary have taken time to absorb the changes that have occurred in psychiatric practice and attitudes over the years, although the two professions are closer together than they were at the start of this period.

There are very few university funded academic posts in forensic psychiatry and academic development has relied heavily on contributions from the National Health Service. Despite this, the academic output from a small group of workers in London and elsewhere has been remarkable and there are two or three notable text books of forensic psychiatry which establish the state of art of the 1990's. The range of work undertaken by forensic psychiatrists has extended to the field of child and family law, to the assistance of the police, the management of sieges, the civil problems relating to mass claims, legislation and tribunal work. Although there is still, and always will be, a long way to go, it is gratifying to see how much change has occurred in such a relatively short time.

Robert Bluglass is Professor of Forensic Psychiatry, University of Birmingham and is Clinical Director of the Reaside Clinic.