

Everything you ever wanted to know about forensic psychiatry (but were afraid to ask.)

Forensic Psychiatry is a psychiatric speciality in which the primary focus is on the mentally abnormal offender.

It is concerned with the assessment in a variety of settings of offenders suspected of mental abnormality and when necessary their treatment. Advice is given to the courts, lawyers, the prison medical service, the probation service and other psychiatrists on the link between the mental abnormality (if it exists) and (offending) behaviour and, where treatment is indicated which facilities are appropriate.

Thus the forensic psychiatrist is to be found working at the interface between psychiatry (and health service facilities) and the legal (criminal and civil) system.

Who does it?

Most of the consultant forensic psychiatrists work in one of the 14 health regions (including Wales) and provide a Regional Forensic Psychiatry Service (RFPS). A few are based in special hospitals. So far services have been planned on the basis of one forensic psychiatrist per ¼ million population, but this is most probably an underestimate. Before a consultant's appointment each psychiatrist will have completed general professional training, before having spent around four years on a Royal College of Psychiatrists approved training scheme of which there is at least one per region. The training schemes are organised by each RFPS. Although many general psychiatrists are interested in forensic psychiatry work, there are only about 50 full time specialists working in this field in England and Wales.

What are Regional Secure Units (RSUs)?

Forensic psychiatry in England and Wales did not really develop until the mid-seventies. It was the notorious case of Graham Young, who was convicted

of poisoning following release from Broadmoor Hospital that led directly to the Butler Committee on Mentally Abnormal Offenders, which first reported in 1974. The recommendations in this report led to the recent expansion of forensic psychiatry, by encouraging the development of Regional Secure Units to provide medium security for patients who needed it, in order to ease the burden on the prisons and special hospitals. The report also spoke about the development of forensic psychiatry services based on the RSU which would provide community care and out-patient work. Every health region now has one or more such units.

Transferred, (remand or convicted) prisoners comprise the largest in-patient group (two thirds); they are admitted for assessment and/or treatment. The next largest group are the special hospital patients, who are admitted to RSUs as part of a rehabilitation plan - to carefully assess their improvement in a less secure setting before consideration is given to discharge. Occasionally non-offender patients may be admitted from local hospitals during acute periods of illness if they exhibit aggressive behaviour. Secure units benefit from a multi-disciplinary approach; psychologists, nurses, community nurses, social workers and occupational therapists make up the clinical team, and all are involved in assessment and treatment. Every RSU runs a graded system of parole, so that patients can be gradually introduced into the community in a safe and controlled way. Patients who were put on a restriction order (Mental Health Act 1983 - Section 41) by the court or by the Home Office (in the case of convicted prisoners) in order to protect the public from serious harm are monitored by C3 Division in the Home Office, and this naturally can delay the rehabilitation process. In order to prevent RSUs from silting up most patients spend no more than 18 months - 2 years as an in-patient.

What is a Regional Forensic Psychiatry Service?

The RSU is also the administrative base from which psychiatrists and other members of the team provide assessment, advisory and treatment services for offenders. Patients may be seen in prisons, hospital clinics, probation offices

and hostels. Much of the work centres around those for whom psychiatric court reports are requested. About 2% of persons appearing before a magistrates court are remanded for such reports. But other work is done; psychiatrists and psychologists may take offenders on for individual and group treatments after offenders are sentenced. Special Hospital patients need to be assessed for suitability for transfer to a less secure setting. Almost every RFPS provides psychiatric (and often psychological) input for the local remand institutions.

What is a Special Hospital?

These hospitals — Broadmoor, Rampton and Ashworth (formerly Park Lane and Moss Side) provide maximum secure care for the few very dangerous mentally disordered offenders who have committed serious enough crimes to warrant it. They are run by the Special Hospital Health Authority. The forensic psychiatrists who work in these hospitals are hospital based, but cases are referred for admission from all over the country. Patients who are discharged or transferred are not followed up by the special hospitals. This is usually the responsibility of RFPS.

Forensic psychiatry is a subject which touches on legal, ethical, clinical, treatment and service issues. Forensic psychiatrists can be involved with legal issues such as fitness to plead, intent, the insanity defence, diminished responsibility, infanticide, automatism and amnesia. Clinical matters which fall within the scope of forensic psychiatrist expertise are for example the connection (if any) between behaviour and illness, personality disorders (such as psychopathy), dangerousness, deviant sexual behaviour and substance abuse. Forensic psychiatrists have also studied particular offences such as shop-lifting, arson, sex offenders and childstealing, because perpetrators may be mentally abnormal.

Although the mentally abnormal offender has a better deal with the advent of RFPS and RSUs there is little room for complacency. Services could be better, and more innovation is required within the health service, the prison service and in special hospitals, but 15 years on from Butler much has been achieved.

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