Managing dangerous people with severe personality disorder: the race dimension

Aggrey Burke, suggests that the failure to discuss race in the context of the new proposals is a major omission.

It is estimated that in England and Wales there is a population of just over 2,000 people who fall into a newly defined category described as 'very seriously disordered' and who pose a very high risk to the public. It is stated that the present situation is not acceptable and it is proposed that the public should be provided with better protection, whilst meeting the needs of people with severe personality disorder. It is noted that personality disorders are widely distributed and is suggested that the new category is largely confined to prisons and special hospitals, with only about 15% in the community. Threshold criteria for dangerousness are vague and poorly defined.

Clinical practice suggests that many people with impulsive or dangerous personality disorders do not have conditions that burn out naturally; others are complicated by the abuse of illicit drugs/alcohol and some people may go on to develop mental illness. The question of race is not mentioned in the body of the document or in Annex F which deals with findings in multi-racial societies in Australia, North America, Canada and the Netherlands. It is implicit from the findings on social background as a factor leading to personality disorder that there will be an over-representation among

inner city populations. This should suggest that the absence of material on race is a major omission.

Child development in modern society

Workers in the helping professions have been greatly influenced by theories of parent/infant attachment. Attachment to a parent is predicted by time spent with a child in early life; maternal attachment is also predicted by the quality of her interaction with the child. It is important to consider the importance of protective mechanisms in child development. It is now widely accepted that child development, mental health and physical health vary according to the extent of social advantage and this is particularly so in urban society.

The recent findings of the Macpherson Report point to race as a marker of social disadvantage discriminatory practice in public services, high levels of stress. It is probable that an improvement of this social environment would improve health. There would be a greater degree of trust in others and a lower rate of perceived hostility. Census data points to higher levels of social disadvantage among African and Afro-Caribbean as compared to Asian groups and

lower levels among the white population. This is associated with higher levels of learning disability, lower levels of school achievement and higher rates of child care among African and Caribbean groups. Inevitably there will be less social mobility of black groups and a build up of frustration among them.

This background evidence should suggest that there will be a markedly increased rate of personality disorders and associated conditions in that ethnic minority group - the African Caribbean - most heavily concentrated in urban Britain. Research confirms that race plays an important role in the criminal justice system, juvenile justice, the psychiatric remand process and in sentencing. This over-representation is matched in all stages of detention in the psychiatric system.

Black populations are greatly over-represented among remand prisoners and disturbed or psychotic patients but this increase may be largely the outcome of social factors, detention among the disadvantaged or/and diagnostic practices. There is the additional factor of high rates of substance misuse among this disadvantaged group. Many such patients among the minority population may be perceived as dangerous but not suffering from personality disorder. It is probable that those sentenced to hospital will include an excess of minority patients.

It is widely accepted that social factors will be associated with violence in forensic black and white populations. Violence is associated with background factors related to family life and the same may be true across ethnic groups. It is of some concern that the health needs of the disadvantaged may not be addressed in the present environment of financial constraint. This will mean that the minority personality disordered population will be transferred to prisons or psychiatric hospitals more so than white patients. Violence is associated with multiple psychiatric diagnosis more so than a single diagnosis or no diagnosis.

Comment

Behavioural problems and emotional disorders are widely distributed among adolescents.

Anti-social patterns in childhood predict severe personality disorder in adulthood for blacks and whites. There is insufficient emphasis placed on the quality of interactions between parents, children and the social environment as factors leading to severe personality disorder. It seems likely that excesses of black children in 'care' and truanting from school contributes to excesses of drug abusers, severe personality disorders and detained adults later on.

Census data would suggest that if the African Caribbean and Asian groups are represented among dangerous severely personality disordered patients as in the normal population, there should be about forty and eighty cases from these two ethnic groups. Other data suggests that there are few such cases of Asian backgrounds in prisons or special hospitals; whilst the proportion of African Caribbean cases both in the community and in prisons or special hospitals will be far greater than expected.

There is a risk that prediction of violence in adulthood will be derived from data on school exclusion and under-achievement, as well as behaviour disorder and childhood violence. There should be concern that children who have been abused sexually or physically will run away from home and will not attend school, but that such victims of abuse will become victims of a system of control. The victims of abuse will interpret control as further abuse.

The Macpherson Inquiry highlights a general problem within society and it is proposed that this is also true within the services. Criminal justice and psychiatry should take note. Delivery of services is not colour blind and this may also be true regarding these proposals. Homicide enquiries of psychiatric patients may have included an excess of minority patients with personality disorders, but invariably there is little mention of this possibility. This suggests the need for a rethink on delivery of services from childhood into adulthood and in all ethnic groups.

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