



*"Polmont" Borstal, the more well-known name of the Institution at Brightons.*

# Work of a Psychiatric Team

## in an

# Institution for Young Offenders

K. R. H. WARDROP, M.B., Ch.B., D.P.M.

*Consultant Psychiatrist, H.M. Borstal Institution,  
Brightons, near Falkirk, Scotland.*

THE USE of psychiatry, and related sciences, in criminology, as regards assessment of offenders, and reporting to courts, is now generally accepted.

Psychiatric treatment of criminals however is not so widely used, the practice varying from one country to another. Often there is a gap between psychiatric treatment on one hand, and ordinary penal treatment on the other, seriously ill criminals being treated medically, others by penal measures alone, including some disturbed, though not defective or psychotic prisoners, who, while requiring reformatory measures of treatment, could also benefit from psychiatric treatment.

The pressing task of psychiatry and penology is to find a means of bridging this gap, so that psychotherapeutic approaches can be integrated into the penal system.

In this country there has been a greater tendency in recent years for penal institutions, particularly those for young offenders, to make use of existing psychiatric services by referring inmates to psychiatric clinics for treatment. However, referring such cases as out-patients has been found to have many disadvantages, and a better arrangement, for all concerned, is for a psychiatrist to pay regular visits to the institution. The borstal system in Scotland since 1949 has considerably

developed this system by having psychiatric personnel working full time or part-time on the staff along with the other institution personnel.

In Scotland, the borstal system (ages 16-21) includes an institution with approximately 300 male inmates, which serves the dual function of being a classification and training centre. The institution is divided into four separate sections or "Houses", one of which is the allocation centre, the other three being training houses, each with a slightly different regime and catering for a different type of inmate. There are also three smaller institutions in different parts of the country, two open, one maximum security; also a separate small institution for girls. The psychiatric team is based at the main institution and are therefore involved both in the allocation procedure, and to some extent, in the training regime.

From the first appointment ten years ago of one P.S.W., the psychiatric unit has been gradually built up, and now consists of one consultant psychiatrist, one assistant psychiatrist, one clinical psychologist, and two P.S.Ws. The three former are all part-time at the institution, having other hospital attachments. The social workers are full time.

This team functions in more or less the same way as any other clinical team—the P.S.Ws. doing home visiting, and family case work; psychiatrists and psychologist interviewing and assessing inmates. There does however tend to be more overlapping of respective jobs than in the usual clinic set up.

The relationship of the team to the rest of the institution has had to be carefully considered and a satisfactory role worked out. Indeed it could be said that this process is still going on—i.e. the integrating of the psychiatric team and their approach, with the rehabilitation and re-educative programme as a whole.

Attitudes to psychiatric personnel on the part of the rest of the institution vary considerably. Some inmates are inclined to be suspicious, as, like so many delinquents, they resent nothing more than the suggestion that they are in any way mentally abnormal. Some genuinely feel they want, and will ask for, psychiatric help. Others, though this is less common, seek to make use of the psychiatric team to their own advantage.

Regarding the attitude of the custodial staff towards the psychiatric team, this varies from overt hostility, suspicion, resentment, through indifference, amused tolerance, etc., to real acceptance. The latter can only be achieved when the staff really understand the work of the psychiatric team, and what they are trying to do. It is essential, therefore, that the psychiatric team can make good enough contact with the rest of the staff so that this understanding of their work and hence its acceptance can become general. The problem is how best to do this.

Psychotherapy with selected inmates should be the primary function of the psychiatrist. Both individual and group psychotherapy are possible in a penal institution, though both raise their own particular difficulties in

that setting. Their value is limited however by the fact that relatively small numbers can be treated, even by group therapy, without many more therapists than are available. Also, to be successful, the co-operation, understanding, and sometimes active participation of other staff members is necessary.

These limitations emphasise the need for making the most economical and advantageous use of professionally trained workers so that psychiatric help, even indirectly, can be spread to as many inmates as possible. An indirect psycho-therapeutic approach through members of staff is therefore what should be aimed at.

In addition to much free and informal discussion between custodial and professional staff, some of the former in this institution have on occasion requested formal talks and discussion groups. Such groups, after requests from staff, were held sporadically by the psychiatrist, but for various reasons did not continue. Latterly however regular discussion sessions with one particular group of staff, viz. the staff of the house which has the more disturbed cases have been continuing, and the rest of this paper will be devoted to describing these. The course that these groups have followed has been interesting and productive.

An appropriate beginning was when a boy, undergoing psycho-therapy, whose relationship with his mother had been very bad, became hostile towards the matron (only woman member of the house staff)—obviously a displacement

of affect. She was able to understand this—but the boy's violence to her made the male staff very anxious, and they felt disciplinary action should be taken.

The staff met with psychiatrist and P.S.W. to discuss the particular case, and when the home background, history, and motivating factors were made clear, the staff were able to understand the boy's reaction, and realize the importance of allowing it to continue. From this, other cases were talked about, and the staff requested that this should go on, although it meant giving up free time. Administrative difficulties prevented these groups being held more than every three to four weeks.

Not only actual cases but delinquency as a whole, and other general subjects with a bearing on the psychiatric aspects of delinquents were discussed; many psychological and case work principles were got over in the course of discussion, and the staff's own feelings about their work, the boys, etc., began to be expressed. The groups suffered, however, from lack of continuity, owing to difficulty of meeting often enough, then for a time they stopped altogether, because of a change of personnel in that house. The psychiatric team felt it advisable to wait till there was a further request from the staff to continue groups.

After a repeated request from the staff for a continuation of the group meetings, the position was reconsidered. Two years ago now, it was decided that to have real value these meetings should be frequent and regular, weekly if

possible, and finally it was agreed by the administration that attendance at this "study group" would be an accepted (though still voluntary) part of the staff duties in that particular house, and if in free time, overtime pay would be allowed. The groups are attended by all the house staff (housemaster, matron, principal and four other officers) and the complete psychiatric team. Housemaster takes the lead in the sense of suggesting cases, or other topics for discussion, but otherwise the discussion is democratic and free, and any member of the group says what he or she wants to say.

One of the initial difficulties encountered (met with in other settings, e.g. mental hospitals, as well), was that of confidentiality of professional reports. Staff felt they ought to have free access to all reports ("official" ruling is that such reports can only be seen by senior staff). While agreeing that the people who are in day to day relationship with the boys should have as much knowledge about them as possible, the psychiatric team felt they had to point out the intimate nature of some of the material in the reports, the responsibility that knowledge of such material carries, and the danger of misusing it. This could be accepted by the staff, and the compromise reached was that professional staff would read their full reports to the group, stressing any points where extreme confidence was necessary. Now the atmosphere of the group is that of a professional group, in which much confidential material can be freely aired. Nor has there ever been an instance of such knowledge being wrongly used by any member of staff.

Beginning from case conferences these meetings have become groups in the real sense of the word, with free exchange of thoughts and feelings between participants, free expression of emotion, interpretation of such, etc. Full notes have been kept, so that progress and development of the group could be followed, and this has gone through various phases, mood swings, calm periods interspersed with emotional crises and always if tension got too great falling back to the case discussion level.

Although there has always been a democratic conduct of the group, it was natural that the staff for some time maintained a deferential attitude to the "superior" knowledge of the professional staff, although the latter continued in efforts of helping non-professional staff to realise that each contribution was equally valuable. At this stage the latter, however, found it difficult to express any disapproval of what the professional staff did, let alone any resentment towards them. The first expressions of any resentment were indirect and took the form of a sporadic expression of rather exaggerated views, generally taken to be "anti-psychiatry". Only when such were accepted and given due attention could the underlying hostility towards the psychiatric staff themselves be to some extent freed and expressed. From then on phases of hostility and aggression towards the psychiatric staff, phases which usually indicated anxiety from environmental stresses on the part of the non-professional staff, have alternated with an increasingly positive attitude to the

psychiatric staff and a feeling of comradeship with them.

This change in attitude has been recently exemplified regarding group psychotherapy with inmates. Although this has been going on in that house for some time, the staff group always seemed reluctant to discuss it. Within the last few months, just after new groups had been started, the matter was brought up by one of the custodial staff and there was a definite outburst of hostility on their part regarding the groups. There was criticism of group therapists, about their selection of material, then about the results of groups, some of the staff members feeling that no progress was made and some of the boys seemed to get worse. Although in fact they could accept that while undergoing group psychotherapy disturbed behaviour might be anticipated, it became clear that underlying their hostility on the subject the custodial staff felt in some way threatened by the inmates' group psychotherapy sessions. They had the feeling that the boys were talking about them and that this was undermining their authority. Then they also felt that they should expect some direction from the psychiatric staff as to "what to do" in their work with the boys, and it became plain that not only did the custodial staff feel threatened, but they felt let down by their professional colleagues who did not seem to be giving them any assistance.

This is a very basic conflict in the relationship between profes-

sional and non-professional staff in an institution and the fact of its being uncovered in this way in our study groups was found to be helpful. Quite apart from the question of group therapy with the boys, the whole question of what sort of help the non-professional staff expected from the professionals, and what sort of help the latter are in fact able to give has been fully discussed, with a resultant clearer concept on both sides of the relative functions, and a tendency to work more closely together.

Apart from these general changes in atmosphere of the staff discussion group and expressions of group feeling, on many occasions individual feelings and attitudes have cropped up and been examined by the group. For example, an officer's dislike of a particular boy, when freely expressed in the group setting, has been related to personal problems, and even without going into details of interpretation of this, the very important factor of the individual's own emotional involvement with those under his care has been made clear.

Indeed, although there is careful avoidance of any suggestion that these groups are in any way therapeutic groups, there is no doubt that all taking part in them, professional or non-professional, have their own attitudes towards their work as a whole, and towards individuals, considerably clarified from time to time.

Study groups are still in the early and experimental stages, but

progress that has been made seems to indicate their value in a training institution. The participants in this particular group, from time to time, look back over the work done by the group and all feel that it has been helpful. At the simplest level, staff have been given more information about the boys they are dealing with and so can understand more of the boy's character and his behaviour. At a deeper level, all are now aware that their attitude to the work as a whole has been modified, that they get much more satisfaction from the work they are doing and are more able to tolerate the disappointments and frustrations that inevitably arise in this kind of work. This change in basic attitude to the work naturally has its effect in much improved individual personal relationships with the inmates. The psychiatric personnel are aware of such changes in individual attitudes and have observed modifying of characteristics on the part of the staff, bringing out their real potential in the work, and tending to overcome snags caused by emotional blind spots.

So far this rather intensive staff study group has been confined to one section of the institution, where it is particularly important as the more disturbed and maladjusted inmates are being treated there. The writer of this paper, however, is of the opinion that the same kind of work extended to other sections of the institution would be valuable. In fact for the past year a similar staff discussion group has been held at one of the

smaller open institutions by the psychiatric personnel who make regular visits to that institution, and is proving very useful there.

For numerical reasons, the professional staff will always be inadequate to the task of extending the direct psychiatric work, and in any case in an institution of this kind the majority of inmates do not require, or are unlikely to benefit from, such treatment. On the other hand, even the most "normal" of delinquents has had some breakdown in his social relationships, and can only be logically treated by forming social relationships which are going to be therapeutic. As the enlightenment in penology advances, the role of custodial staff, particularly in institutions for young offenders is rapidly changing and becoming a much more important and demanding role. Indeed such staff are beginning to play a part which could be more accurately called that of "social therapists", and to do this adequately they certainly need the help of professionally trained colleagues. This paper describes one attempt at giving this kind of help, and at the same time, casting a role for the professional staff in an institution.

The writer is indebted to the Director of Prisons and Borstals Division of Scottish Home Department for permission to publish this paper on work done in the institution. Opinions expressed however are the writer's own and do not necessarily represent official Scottish Home Department views.