

Dangerous and Severe Personality Disorder: difficulties in assessment

Lucy Smith describes the aspects of the DSPD programme that have attracted controversy.

The Government has responded to public fears about high profile cases involving violent and sexual offending by introducing a number of new measures for dealing with dangerous offenders. These are the *Sex Offenders Act 1997*; *Power of Criminal Courts (Sentencing) Act 2000* recommending courts give longer sentences to those offenders who posed a risk to the public; the Criminal Justice Paper, *Justice for All*, (which includes a proposal for a sentence that would ensure that dangerous and violent sexual offenders would stay in custody for as long as they were a risk to society). This plethora of legislation illustrates the wider crime reduction strategy in which another measure, the Dangerous and Severe Personality Disorder (DSPD) programme, is set.

The DSPD programme is a mental health initiative jointly run by the Department of Health, Home Office and Prison Service. The programme looks at more effective responses to people who are believed to be dangerous or high risk as a result of severe personality disorder and whose needs are not currently

of who should be referred to the programme is too vague.

Some people who are dangerous as a result of severe personality disorder will be picked up by Multi Agency Public Protection Panels (MAPPPs) which are required to assess sex offenders and violent offenders for their risk of harm to the public. A small group of 'other offenders' within the group picked up by MAPPPs would be known to agencies and would have a history of violent and sexual offending, but have no convictions, or have committed offences prior to recent legislation (e.g. on the sex offenders' register). These people are defined as those who present a risk of 'harm which is life threatening or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.' So the definition of dangerousness depends entirely on how an individual or agency defines 'harm'.

The DSPD programme uses a large number of risk assessment tools. These tools might not all group the same people into the 'high risk' category. Offenders are assessed for personality disorder using Hare's Psychopathy Checklist (a

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met by existing services. The initial assumption is that 2100-2400 (Home Office 2002) people are expected to be suitable for the programme, with most of those already detained in the prison or high security hospital system. There are also estimated to be between 300-600 people in the community who would be suitable for assessment under the programme. These figures will be revised in March 2004 when the validity of the risk assessment tools has been evaluated. The lack of certainty that surrounds the diagnosis of personality disorder combined with questions about the accuracy of the risk assessment process and doubt about the treatability of this group of people makes the DSPD programme highly controversial.

That controversy arises because the term DSPD has been confused with a diagnostic description of a mental disorder and has also been criticized for being stigmatising. There is no consensus about the diagnosis of severe personality disorder, making diagnosis problematic. A psychiatrist (Wessely 1998) said, "Anti-social personality disorder... is doctor-speak for being a nasty piece of work". The Home Office argues that the definition is very tight with only those with a history of violent or sexual offending whose offending is linked to their personality disorder being assessed for the DSPD programme. The pilot projects, however, are responsible for creating a definition by a programme of assessment, research and evaluation and therefore the definition is dependent on the outcome of the programme itself. Buchanan and Leese (2001) estimate that six people would have to be detained to prevent one person committing a violent crime because the definition

psychometric tool that has been proven to assess for violent recidivism), but if they do not meet the criteria in this way then they will be assessed using other established tools. Sole reliance on risk assessment tools means offenders could be detained on the basis of their past history, which they are unable to change, rather than on the basis of the risk they currently present. Errors can be made. A test might be mis-scored. The clinician might not be fully aware of the research findings and situational or environmental information (e.g. who likely victims might be) might not be incorporated. Furthermore, risk assessment tools do not take into account protective or harder to assess risk factors, but instead focus on the negative and the prediction of violent re-offending in the longer term. If someone has violent fantasies then it is difficult for risk assessment tools to predict if someone will act on those. In addition, they cannot predict when the violence will occur or the type and severity of the violence.

There are problems of where to accommodate people released from the programme. Once associated with DSPD people will carry a double stigma that might lead to problems finding housing and employment: without adequate support they could quickly end up back in the criminal justice system. Ultimately risks will have to be taken to test out if this group of people have responded well to treatment or there will be no measure of whether the programme is effective. If the infrastructure to manage them isn't in place within the community then there will be nowhere safe for them to go, other than hospital or prison, and this will result in them spending a lengthier time in detention. The proposals highlight a need for



Julie Grogan

services for those with personality disorder in the community. The anticipation is that the Department of Health will fund a small number of personality disorder centres nationally which will take referrals from prisons and high secure hospitals. Trusts are to develop multi-disciplinary personality disorder community teams which will liaise with MAPPPs and forensic services. MAPPPs will be crucial in the risk management of offenders released from the DSPD programme, but in the absence of national guidance MAPPPs have developed in different ways and need to be evaluated as to how effectively they deal with people released from the programme.

In its 1998 report *Risks and Rights*, Nacro advocated the introduction of new legislation to deal with dangerous offenders and to establish an indeterminate reviewable sentence. Although such a move has been considered in the course of consultations on proposals to deal with DSPD (Home Office 1999), the legislation currently proposed in the *Draft Mental Health Bill* does not follow this course and does not distinguish between people with severe personality disorder who are a high risk and mentally disordered people generally. This adds weight to the public perception that the mentally disordered are dangerous, even though a study by Taylor and Gunn (1999) found there was little change in the number of people whose mental illness contributed to committing homicide between 1957 and 1995. The effect of grouping together dangerous mentally disordered offenders with the mentally disordered in general, might be to drive people with mental health needs away from mental health services for fear they could be drawn into the DSPD programme. They might not receive the help and treatment they need and may therefore become more vulnerable.

To conclude, offenders in high profile cases that have caused the greatest concern to the public have almost invariably had a

history of violent or sexual offending. Such offending should trigger earlier interventions from the psychiatric and related services before offenders are allowed to rack up a history of violent crimes warranting referral to the DSPD programme. Risk assessment is not prevention and the DSPD programme will not provide a solution for all violent offending. The DSPD programme will provide treatment for a small minority of people within prisons and special hospitals that they would not otherwise be offered, but while there is still doubt about the effectiveness of risk assessment tools there is a danger that people will be detained who do not, in reality, pose a significant risk to the public. ■

Lucy Smith is Information and Research Officer for Nacro's Mental Health Unit.

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