Risky business: the problem with MAPPPs

Tim Turner and **Anthony Colombo** analyse the contradictions in the risk management role of multi-agency protection panels.

Partnerships between mental health and criminal justice agencies have flourished in recent years. The purpose behind such multi-agency collaboration has been to encourage an open exchange of information, skills, and ideas amongst professionals with different disciplinary backgrounds. An approach to shared decision-making is especially important during the course of diverting mentally disordered offenders away from the criminal justice system and into the care of health and social services. Moreover, at the heart of contemporary models of crime control is the notion of risk, with risk assessment and management now at the core of practice (Timmermans and Gabe, 2003).

As part of this collaborative process, each region is now required to establish multi-agency public protection panels (MAPPPs) which involve a range of professionals including: the police, social services, probation officers, prison officers, community psychiatric nurses, and psychiatrists. The purpose of these multi-disciplinary forums is to monitor and manage high-risk violent and sexual offenders, the so-called 'critical few' (Home Office, 2004), many of whom have complex needs including severe mental health difficulties.

However, despite both political and professional recognition that the most effective way to manage this high-risk population is through multi-disciplinary teams, official enquiries and research evidence continue to show that shared decision making between different agency groups remains poor (Colombo *et al*, 2003) and, on occasion, so inadequate as to seriously compromise public safety (Appleby *et al*, 2001).

These ideas served as the context for a pilot study conducted on a MAPPP operating within Central London. This involved a series of interviews with both police and forensic mental health representatives. The remainder of this paper aims to make sense of key themes emerging from the findings, particularly concerning the problematic nature of risk management faced by MAPPPs.

Agency misalignment: speaking different languages about risk

In order for MAPPPs to successfully manage the risk posed by mentally disordered offenders, effective inter-agency communication and a consistency of purpose across all professional groups is clearly essential (Department of Health, 1999). However, the existence of conflicting agency values was a key theme to emerge from our study. The inherent friction between mental health and criminal justice professionals was particularly evident from the data and seems to be founded on what Timmermans and Gabe (2003) refer to as 'agency misalignment': an entrenched difference between agency groups in terms of beliefs, values and actions resulting from contrasting professional backgrounds, training and experiences (Colombo *et al*, 2003).

Thus, the police viewed the mental health team as having: "a different outlook ... they're there to help offenders", whereas the police saw their role in terms of public protection: "We thought he was too dangerous to come out on the streets ... they (mental health professionals) thought they were going to convert him (the offender) into an upstanding citizen". In terms of making decisions about offender risk, a forensic social worker observed that the spectrum of agencies involved in MAPPPs "speak different languages, use different jargon and different tools of assessment".

These differences obviously have significant implications for the efficacy of the MAPPP forum. If inter-agency collaboration is to be effective, the respective agencies clearly need to develop common goals and a shared understanding of risk. However, the development of this shared purpose has significant implications. For example, will mental health practitioners' important contribution to MAPPPs inevitably see them slipping further into the sphere of public protection at the expense of therapeutic care?

Sharing information: to manage risk or to manage responsibility?

The dissemination of information between converging professional groups within MAPPPs is a central aspect of effective risk management. However, the pilot study interviews exposed complex motivations behind this process of information exchange. The issue of agency responsibility appeared particularly important in this context. For example, several mental health participants seemed concerned as to whether the: "risk is being managed or just shared". In other words, practitioners appeared more concerned with spreading the burden of responsibility, than on making risk assessments about offender dangerousness. Police participants in particular felt

that mental health practitioners shared information only to decrease their level of accountability, with one officer claiming that mental health members use the MAPPP as: "a back covering exercise". This perception obviously goes against the spirit of multi-agency working and essentially fractures any sense of team cohesion within the MAPPP.

The dispersal of risk and responsibility is, however, likely to remain problematic whilst mental health practitioners feel pushed into defensive practice by a media that highlights rare tragedies and creates a culture of blame. A Forensic Social Worker respondent highlighted this and candidly disclosed: "If I'm honest part of information sharing is a back covering exercise ... when things go terribly wrong and the inquiry sits, if you weren't around the table, then your agency is vulnerable. And as a professional you're vulnerable." In this respect, the information sharing process that is so central to managing risk through the MAPPP becomes little more than a cynical exercise. Moreover, far from being the unifying experience that was originally intended, it actually serves to divide and trivialise the remit of multi-agency teams whose task becomes reduced to shifting responsibility. Ultimately, solutions must be found which establish a greater sense of shared accountability. Joint training strategies for example, may infuse a more cohesive inter-professional identity.

Confidentiality: a mentally disordered offender s right or a public risk?

Confidentiality is a central principle of Western health care, with the relationship between health professionals and members of the public founded on reciprocal trust. This is of particular relevance to the work of MAPPPs for two principal reasons: Firstly, because breaching client confidentiality can have a significant impact on the longevity and quality of the relationship between practitioners and mentally disordered offenders – more significant in light of the fact that the MAPPPs' client group generally comprise of those who, in the past, have found it difficult to engage with mental health and social services. And secondly, because of the significant ethical dilemma the issue of confidentiality presents to clinicians involved in MAPPPs who must constantly balance interests of public protection against responsibilities towards their clients. For the police: "the risk posed is far greater than the confidentiality issue". This is true up to a point. However, the reality is usually far more complex, for if breaches in confidentiality result in a break down in therapeutic trust then ultimately both the public and mentally disordered offender will suffer.

Actually, police respondents did acknowledge the importance of the confidentiality issue, but also felt that it was on occasion used by mental health practitioners as something to 'hide behind' in order to avoid having to make difficult decisions.

In fact, judging from some of the interview data the issue of protecting offender confidentiality at times appeared to reduce the process of information exchange to farce. In one example, a police officer was contacted by a mental health practitioner to discuss the potential risk a mentally disordered offender presented, but was refused access to personal details about the client: "The information we were getting was in such a fractured format that it became pointless ... they'd ring up and tell us about someone making threats to kill but then refuse to tell us their name and address".

The confidentiality principle should not be treated lightly and there may indeed be some justification for holding back information under certain circumstances, especially when such 'agency misalignment' exists regarding professional roles and responsibilities. For example, in another incident recalled during an interview with a police officer, it would seem that the dissemination of confidential details by a mental health practitioner about a client resulted in unintended consequences. As the officer put it: "you'll get a pleasant surprise sometimes when they ring you with some really good info ... one man recently disclosed an offence to his mental health practitioner (presumably in confidence, perhaps during psychotherapy) ... he's going to be arrested any day now".

The dilemmas in such situations are clear: Firstly, did the mental health practitioner pass on this confidential information to the police so that they could arrest him, or was it simply intended as evidence in order to develop a more accurate risk/needs profile? Secondly, is this practice justified in light of the practitioner/client confidentiality principle? Thirdly, what is the impact of arresting the offender likely to have on the quality of future therapeutic relationships?

The police seem to be unaware of the importance that matters of confidentially play in terms of developing long-term therapeutic relationships. Their primary goals are more immediate and so consequently view the issue of client confidentiality as a 'shield to get past'. This seems to have resulted in the development of initiatives that in effect circumvented the process by removing psychiatrists, psychiatric nurses, and social workers from the communication loop altogether. One tactic used by the police is to develop direct links with hostel employees who had: "agreed to fax a list of residents on a monthly basis".

The solution to such difficulties is not readily apparent. One possible way forward is to recognise the mentally disordered offender as a meaningful part of the decision making process. Multi-agency teams need to develop therapeutic alliances with their clients; to appreciate the autonomy of offenders and develop procedures that enhance their role in the decision making process. In this way mentally disordered offenders can become meaningfully involved in the task of managing their own risk and ultimately the long term protection of the public; a practice which is now reasonably well established in the field of mental health (Lindow, 1996). ■

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