

# *The Prisoner Cohort Study*

*A research study on personality disordered offenders.*

RDS Publication date: November 2002

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In 2000 the government produced a White Paper 'Reforming the Mental Health Act'. Part two of this White Paper specifically concerned high-risk patients. The aim of the White Paper was to set out proposals to improve the protection of the public by improving legal powers and service provision for a small group of individuals who present a significant risk of harm to others as a result of a serious mental disorder. This group of individuals is known as Dangerous and Severely Personality Disordered (DSPD).

Personality disorders are a relatively common mental health problem. A recent study on the prevalence of mental health problems in prisons, 'Psychiatric Morbidity Among Prisoners' estimated that the prevalence of personality disorder was 64 per cent in male sentenced prisoners (Singleton, Meltzer, Gatward, Coid and Deasey, 1998). Whereas studies of the general population estimate that between 10.3 and 13.5 per cent are affected (Reich and Girolamo, 1997).

People with personality disorder fall on a continuum from virtually normal behaviour to extreme disruption in personal and social functioning. The vast majority of these individuals do not pose a risk to the public and live largely ordinary lives. A very small minority of these people though, do manifest serious anti-social behaviour and it is this group alone which is the subject of the DSPD proposals.

The DSPD proposals aim to improve public protection by detaining and developing effective treatment for these individuals. This work is being taken forward by the Home Office, the Department of Health and the Prison Service.

Staff in prison, probation, health, social services and independent sector agencies already undertake valuable work with some of the DSPD group. But this is within the context of services facing a range of operational pressures that make it difficult to deliver services to this group. Additionally, individuals suffering from personality disorders are notoriously demanding and difficult to work with. The DSPD proposals represent an attempt to create, support and co-ordinate attempts to improve treatment for this group and to protect the public.

Research plays an important role in the development of policy on DSPD. One major aim of the research programme concerns the assessment of dangerous offenders. Existing risk assessment tools identify dangerous offenders by criminal histories (both violent and sexual), their age (younger offenders are

more likely to reoffend), and the type of previous offending (Hanson and Thornton, 2000, Hanson and Bussière, 1998). There are also more dynamic, changeable factors that are relevant to offending such as mood, substance abuse, or employment status.

It is important to have the best risk assessment procedures available for the DSPD programme. To this end a large-scale prison and community based research project called the Prisoner Cohort Study has been commissioned. The research is to be undertaken by a consortium of eminent academics led by Professor Coid of St. Bartholomew's hospital in London.

The Prisoner Cohort Study aims to evaluate the effectiveness of a variety of risk assessment instruments to help identify which factors are associated with serious reoffending both in terms of the general prison population, those with personality disorders, and for other groups such as ethnic minorities, women and young prisoners.

The study aims to interview over 1,900 prisoners convicted of a sexual or violent offence who are currently in prison and close to their time of release. There will then be a second phase of follow-up interviews conducted in the community, or in prison for those who have been reconnected. As well as risk assessment tools, the Prisoner Cohort Study will also include assessments of personality, neurological tests, substance abuse, social circumstances and behaviour whilst under probation supervision.

The information gathered from the Prisoner Cohort Study will then be used to improve the assessment of risk for serious offending. This will be important work in several ways.

First, in terms of public protection, the study will help to identify some of the most dangerous individuals in society. The detention and treatment of these individuals will prevent many serious crimes.

Secondly, if individuals are to be detained then there must be a high degree of certainty that these individuals are in fact very likely to commit serious crimes. Buchanan and Leese (2001), recently analysed the accuracy of a range of available risk assessments and found that the average performance of these assessments meant that six individuals would have to be detained in order to prevent one serious offence. Whilst, Buchanan and Leese's work might be considered pessimistic (Erikson, in press), they highlight the importance of accurately identifying this dangerous group.

Finally, identifying risk factors will be important in

terms of understanding the causes of personality disorder and identifying treatment targets. This is a potentially vital element of the research as, so far, no effective strategies have been identified to prevent the development of severe personality disorder.

The risk posed by Dangerous Severely Personality Disordered people has not, in the past, often been addressed effectively. The Prisoner Cohort Study will tell us who exactly is dangerous, and why. This group is likely to have a large range of economic, social and educational problems. The Prisoner cohort study will also help to improve knowledge of these issues and maybe offer potential for reducing and managing the risk presented by the DSPD group.

Identifying the DSPD group, managing their risk, and developing effective treatment remain significant challenges. The Prisoner Cohort Study represents an important step in providing the knowledge to meet these challenges. The rewards of this work will be improved public protection from serious offending and improved quality of life and services for the DSPD group.

The Prisoner Cohort Study will be rolled out nationally in November in 2002 and interviews will be completed by October 2003. Prison Governors will

receive a fact-sheet in the near future providing further details and seeking their co-operation.

If you require further details please contact Matt Erikson on 020 7273 8199 or at matt.erikson@homeoffice.gsi.gov.uk

#### Bibliography

- Buchanan, A. and Leese, M. (2001) Detention of people with dangerous severe personality disorder: a systematic review. *The Lancet*, 358 (9297), pp1995-59.
- De Girolamo, G., and Reich, J. H. (1997) *Epidemiology of mental disorders and psychological problems*. World Health Organisation.
- Erikson, M. J. (in press) Dangerous and Severe Personality Disorder. *Forensic Update*, 70.
- Hanson, K. R. and Bussière, M. T. (1998) Predicting Relapse: A Meta-Analysis of Sexual Offender Recidivism Studies. *Journal of Consulting and Clinical Psychology*, 66, pp348-362.
- Hanson, K. R. and Thornton, D. (2000) Improving risk assessment scales for sex offenders: a comparison of three actuarial scales. *Law and Human Behaviour*, 29 (1), pp119-136.
- Singleton, N., Meltzer, H., Gatward, R., Coid, J. and Deasey, D. (1998) *Psychiatric Morbidity among Prisoners*. HMSO: London.

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# Mental Illness and Imprisonment

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At any one time around 5,000 people in prison will be experiencing a severe mental illness<sup>1</sup>. Most of these people will have been diagnosed with schizophrenia, although significant numbers may also be diagnosed with manic depression, personality disorder or have a dual diagnosis involving drug or alcohol misuse. Up to 90 per cent of prisoners have a diagnosable form of less severe mental illness, substance abuse or sometimes both. In the general population at any one time less than one per cent will be diagnosed with schizophrenia and around the same percentage with manic depression. In prison, the percentage is over 13 per cent. This astonishing figure points to failings in the health and care systems outside

prison but also poses immense challenges for prison staff and prisoners alike to rethink their approaches to mental health care.

#### Defining schizophrenia

Schizophrenia is not split personality; and violence or other forms of criminal behaviour are not amongst its symptoms, despite what the tabloid headline writers would have us believe<sup>2</sup>. In fact, people with severe mental illness are far more likely to be the victims of crime<sup>3</sup> and are far more likely to kill themselves than harm anyone else<sup>4</sup>. Schizophrenia is a complex and severe mental illness. Its symptoms can, broadly, be defined as 'positive' — adding something to the

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1. *The NHS Plan*, Department of Health, July 2000.

2. *British Journal of Psychiatry* 1999, 174, 9-14 and *The Confidential Inquiry into Suicide and Homicide by People with a Mental Illness* (May 1999).

3. *Redressing the Balance: Crime and Mental Health*, UK Public Health Association, 2001.

4. *One in Ten*, National Schizophrenia Fellowship, 1999.