



**North West
School of Psychiatry**

Forensic Psychiatry Module Handbook

MRCPsych Course

2020 - 2022

A Psychiatry Medical Education Collaborative between Mental Health Trusts and Health Education North West

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FORENSIC

Session 1: Psychiatry and the Criminal Justice System

Learning Objectives

- To develop an understanding of the structure and organisation of the criminal justice system
- To develop an understanding of the mental health of prisoners and understand the complexities of their treatment
- To develop an understanding of the structure and organisation of secure psychiatric services and the different levels of security
- To develop an understanding of the framework around the management of mentally-disordered offenders

Curriculum Links

- 12.2 Psychiatry and the criminal Justice System**
- 12.2.1 The role of the psychiatrist in the assessment of mentally disordered offenders: during arrest, prior to conviction; prior to sentencing
- 12.3 Practising psychiatry in a secure setting
- 12.3.1 The role of security in a therapeutic environment
- 12.3.2 The essential components of a forensic service
- 12.3.3 Knowledge of the prevalence of psychiatric disorder in prison populations, suicide in prisoners and psychiatric treatment in prison settings
- 12.3.4 Risk management planning in forensic psychiatric practice
- 12.3.5 Managing mentally disordered offenders discharged into the community

Expert Led Session

An introduction to the criminal justice system. To include:

- Police detention and diversion
- Prison structure and organisation and prison categories
- Mental health care in prison
- Pathways into secure settings
- MAPPA

Case Presentation

Case presentation on 'progression through the criminal justice system to hospital'.

- If trainee has a suitable case of a mentally-disordered offender then they may present this.

- The trainee can come to the Edenfield Centre where a suitable case can be found for them – to access case notes and / or meet patient (if appropriate)

Journal Club Presentation

Please select one of the following papers:

- Fazel S, Fiminska Z, Cocks C & Coid J, Patient outcomes following discharge from secure psychiatric hospitals: a systematic review and meta-analysis, *BJPsych* 2016, 208: 17 – 25
<http://www.ncbi.nlm.nih.gov/pubmed/26729842>
- Fazel S & Baillargeon J, The health of prisoners, *Lancet* 2011 377: 956 – 65
<http://www.ncbi.nlm.nih.gov/pubmed/21093904>
- Shaw J, Baker D, Hunt IM et al, Suicide by prisoners: national clinical survey, *BJPsych* 2004, 184: 263 – 7
<http://www.ncbi.nlm.nih.gov/pubmed/14990526>
- Bhui K, Ullrich S, Kallis C & Coid J, Criminal justice pathways to psychiatric care for psychosis, *BJPsych* 2015, 1 – 7
<http://bjp.rcpsych.org/content/early/2015/11/09/bjp.bp.114.153882>

'555' Topic (5 slides with no more than 5 bullet points)

Please select one topic:

- Relational security
- Procedural security
- Structural security
- Levels of security – high / medium / low
- Mental health in reach teams

MCQs

1. What is the relative risk of psychosis in prisons compared to the general population?

- A. 5
- B. 10
- C. 20
- D. 100
- E. 2

2. How many homicide offenders have active psychiatric symptoms at the time of committing the homicide?

- A. 1 in 10
- B. 1 in 5
- C. 1 in 3
- D. 1 in 2
- E. 1 in 4

3. The rate of suicide is highest in:

- A. Service users in the community
- B. Sentenced prisoners
- C. Service users in general psychiatric wards
- D. Older prisoners facing long sentences
- E. Remand prisoners

4. Which is the most common psychiatric condition in prisoners?

- A. Depression
- B. Personality disorder
- C. Psychopathy
- D. Psychosis
- E. Neurosis

5. What is the prevalence of major depression in male prisoners?

- A. 10%
- B. 12%
- C. 25%
- D. 3.7%
- E. 50%

EMI Questions

Mental Health Act:

- A. Section 35
- B. Section 36
- C. Section 37
- D. Section 38
- E. Section 45A
- F. Section 47 / 49
- G. Section 48 / 49
- H. Section 41

Match the description to the correct section under part III Mental Health Act 1983:

1. Interim Hospital Order
2. Removal to hospital of a sentenced prisoner
3. Remand to hospital for a report
4. Hospital direction and limitation direction
5. Removal to hospital of an un-sentenced prisoner
6. Hospital order
7. Restriction Order
8. Remand to hospital for treatment

Mental Health Act:

- A. Section 35
- B. Section 36
- C. Section 37 +/- 41
- D. Section 38
- E. Section 45A
- F. Section 47 / 49
- G. Section 48 / 49

For each of the following scenarios, which section of the Mental Health Act 1983 would be most appropriate to admit the patient under?

1. Bob is 2 years into a 17-year sentence for armed robbery. Whilst in prison he becomes unwell – he worries that the prison officers are poisoning his food, believes there are cameras in his cell and has become aggressive and violent. He refuses to accept treatment because he believes it is part of the conspiracy to poison him.
2. Sharon has been found guilty of burglary and is in HMP anywhere. She reports experiencing distressing command hallucinations to harm herself and others. She is being cared for on the hospital wing and has attempted to hang herself. Treatment is ineffective.
3. Peter kills his next-door neighbour because he believes that he is the devil and was planning to harm his children. He experienced command hallucinations from God instructing him to do so. He goes to Court, where it is accepted that Peter suffers from paranoid schizophrenia and psychiatrists recommend admission to hospital. However, he is found guilty of murder.
4. Annabelle has a known history of bipolar affective disorder. She stopped taking her medication and during a manic episode set fire to her flat. This is her fourth fire-setting episode when she has been manic. She frequently disengages from her CMHT and stops taking her medication. You are of the opinion that she requires admission to hospital to stabilise her mental state and complete some work around her fire-setting and compliance. Which section would you recommend to the Court?
5. Simon is a member of the Jelly Baby Street gang. He has an extensive criminal record with offences for violence, theft, carrying weapons and possession of illicit substances. He is not known to mental health services. He has been convicted of a section 18 wounding with intent (GBH) after he stabbed a rival gang member in the face for giving him a funny look. Whilst on remand he develops an acute psychotic illness during which he becomes aggressive as he believes that the dentist has planted a monitoring device in his teeth. He has removed several teeth looking for this. You believe he should be admitted to hospital and are asked to prepare a court report for sentencing. Which section would you recommend?
6. Sandeep has appeared in court charged with assault, for which she is on bail. She has a known history of schizoaffective disorder and is showing signs of relapse. She does not engage with the community team when unwell and will not accept treatment voluntarily. She won't engage in assessments as to whether her offence was related to her mental disorder. You are of the opinion that she requires admission to hospital urgently.

Additional Resources / Reading Materials

Books

- Chapters 3, 5 & 24 in 'Forensic Psychiatry: Clinical and ethical issues' Gunn J & Taylor P, (2013) CRC Press
- Chapters 1, 2, 3, 17 & 18 in 'Practical Forensic Psychiatry,' Clark T & Rooprai DS (2011) Hodder Arnold
- Chapters 8 & 17 in 'Oxford Specialist Handbook: Forensic Psychiatry,' Eastman N, Adshead G, Fox S et al (2012) Oxford Medical Publishing

E-Learning

- RCPsych CPD online: 'Suicides in prison'

Journal Articles

- Birmingham L (2001) Diversion from custody. *Advances in Psychiatric Treatment* 7: 198 – 207
- Birmingham L, Gray J, Mason D et al (2000) Mental illness at reception into prison. *Criminal Behaviour and Mental Health* 10(2); 77 - 87
- Coid JW (1998) Socio-economic deprivation and admission rates to secure forensic services. *Psychiatric Bulletin* 22: 294 – 297
- Coid JW, Hickey N, Kahtan N et al (2007) Patients discharged from medium secure forensic psychiatry services: reconvictions and risk factors. *British Journal of Psychiatry* 190: 223 - 229
- Department of Health (2009) *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the Criminal Justice System*. London: Department of Health
- Hassan L, Birmingham L, Harty M et al (2011) Prospective cohort study of mental health during imprisonment. *British Journal of Psychiatry* 198: 37 – 42
- Liebling A (1995) Vulnerability and prison suicide. *British Journal of Criminology* 35: 173 – 187
- Lyall M & Bartlett A (2010) Decision making in medium security: can he have leave? *Journal of Forensic Psychiatry and Psychology* 21 (6): 887 – 901
- Marzano L, Hawton K, Rivlin A & Fazel S (2011). Psychosocial influences on prisoner suicide: A case control study of near-lethal self-harm in women prisoners. *Social Science & Medicine* 72: 874 - 883
- Shaw J, Hunt IM, Flynn S et al (2006) Rates of mental disorder in people convicted of homicide. National clinical survey. *British Journal of Psychiatry* 188: 143 – 147

Session 2: The Link between Crime and Mental Disorder

Learning Objectives

- To develop an understanding of the types of offences committed by mentally disordered offenders
- To develop an understanding of the aetiology of certain crimes including violent offences, sex offences, criminal damage and fire-setting
- To develop an understanding of the ranges of offences committed by offenders with schizophrenia, affective disorder and personality disorder.
- To develop an understanding of genetic and gender-specific factors in offending

Curriculum Links

- 12.1** Relationship between crime and mental disorder
- 12.1.1** Knowledge of the range of offences committed by mentally disordered offenders. Specific crimes and their psychiatric relevance particularly: homicide; other crimes of violence (including infanticide); sex offences; arson; and criminal damage.
- 12.1.2** The relationship between specific mental disorders and crime: substance misuse; epilepsy; schizophrenia; bipolar affective disorder; neuro-developmental disorders; personality disorders.
- 12.1.4** Mental disorders and offending in special groups: young offenders; female offenders; offenders from ethnic minorities; offenders who are deaf or have other physical disabilities.

Expert Led Session

'Offences committed by mentally-disordered offenders' To cover topics including:

- Sexual offending
- Fire-setting
- Violence
- Offences against the property

Case Presentation

Case presentation on 'A mentally-disordered offender' Options for case presentation:

- If trainee has a suitable case of a mentally-disordered offender then they may present this.
- The trainee can come to the Edenfield Centre where a suitable case can be found for them – to access case notes and / or meet patient (if appropriate)
- To use 'The report of the inquiry into the care and treatment of Christopher Clunis' as the basis of the case presentation.

Journal Club Presentation

Key points to be summarised from the following three papers:

Keers R, Ullrich S, DeStavola B & Coid J. (2014) Association of violence with emergence of persecutory delusions in untreated schizophrenia. *Am J Psychiatry* 171:3: 332 – 339

- Sarkar J & Di Lustro M (2011) Evolution of secure services for women in England. *Advances in Psychiatric Treatment* 17, 323 – 31

<http://apt.rcpsych.org/content/17/5/323.abstract>

- Chang Z, Larsson H, Lichtenstein P & Fazel S, Psychiatric disorders and violent reoffending: a national cohort study of convicted prisoners in Sweden, *Lancet Psychiatry* 2015, 2: 891 – 908

<http://www.ncbi.nlm.nih.gov/pubmed/26342957>

'555' Topic (5 slides with no more than 5 bullet points)

The biology of crime including:

- Genetics
- Gender
- Young offenders
- Special group – either deaf patients / ethnic minorities / older adults / physical disabilities

MCQs

1. Which is the most prevalent personality disorder in prisoners?

- A. Borderline
- B. Anankastic
- C. Narcissistic
- D. Paranoid
- E. Antisocial

2. Which of the following is true for female offenders?

- A. Less likely to have a psychiatric disposal
- B. Higher rate of reoffending than men
- C. Less likely to self-harm than men
- D. Violent offences are more common than crimes of passion
- E. More likely to offend against family

3. Which is the most common mental disorder found in arsonists?

- A. Learning disability
- B. Personality disorder
- C. Psychosis
- D. Alcohol misuse
- E. Depressive disorder

4. What percentage of violence is attributable to psychosis

- A. 1%
- B. 5%
- C. 10%
- D. 25%
- E. 50%

5. Which of these genes is not linked to violence?

- A. Dopamine transporter gene
- B. Serotonin transporter gene
- C. Monoamine-oxidase A (MAO-A) gene
- D. Monoamine-oxidase B (MAO-B) gene
- E. Catechol-O-methyltransferase (COMT) gene

EMI Questions

Stalking:

- A. Rejected
- B. Public-Figure
- C. Intimacy-Seeking
- D. Incompetent-Suitor
- E. Psychotic
- F. Resentful
- G. Predatory
- H. Psychopathic
- I. Private Stranger
- J. Acquaintance

Which of the above subtypes of stalking, is demonstrated in the following scenarios?

1. James is a 22 year old man who has recently started working stacking shelves in the local supermarket. One Sunday he saw Jenny, who was doing her regular weekly shopping and she smiled at him warmly. Over the following weeks he changes his shift patterns to that he always works on Sundays. He follows her home to ensure that she gets there safely and starts to leave her flowers and presents by her car in the car-park. He takes pictures of her without her knowing and puts them on Facebook as his new girlfriend.
2. Steven lives in a block of flats and notices a new tenant (Sally) has moved into the flat beneath him. He starts to take her post from the communal mailbox so that he can find out more information about her such as her phone number. He starts to make anonymous phone calls during which he makes sexual and violent comments. He follows her to work so that he can best determine when she is alone.
3. David is a 32-year-old stock-broker who lives in a penthouse apartment. He was in a 9-month relationship with Jasmine, who broke up with him 12 months ago as she was frustrated that she rarely saw him. David was angry that had the gall to break up with him and since then has rung her several times each day; sometimes he asks her to re-consider but often he leaves abusive messages or silence on her answerphone. He has gone around to her flat in the middle of the night with flowers, although he broke her window on one occasion. He was angry that she didn't come to his brother's wedding as his guest 2 months ago. He has posted private pictures of her on the internet.

4. Sandra is a 40 year old single woman. 3 years ago she met Olly Murs backstage at a concert. Since then she has become "his biggest fan." She buys any magazines or newspapers that he is in, has several copies of all his CDs and DVDs and goes to as many concerts as she can. She lost her job because she took so much time off pursuing this interest. She recently found out where he lives and spends all of her time at his house so that she can see him when he leaves and follow him. She looks through his rubbish, where she found some lipstick and she saw a female leave his house. She has sent threats to this woman that Olly is 'hers' and to leave him alone.

5. Aimee is an aspiring model. 6 months ago at a casting she met Sarah and learnt her some makeup. Sarah was given the job and signed up to an agency. Aimee believes that Sarah must have got the job for reasons other than merit. She is angry that Sarah stole the job from her. Since then she has anonymously posted death threats on Twitter and Facebook. She waited outside Sarah's house for her to come out and threw a tin of paint on her. She phoned Sarah's model agency pretending to be Sarah and cancelled jobs. She hacked into her email and sent abusive messages to the boss of the model agency.

Sex Offender Treatment:

- A. Selective Serotonin Reuptake Inhibitor (SSRI)
- B. Anti-androgen
- C. Luteinising Hormone Releasing Hormone (LHRH) agonist / Long-acting Gonadotropin Releasing Hormone (GnRH) agonist.
- D. Oestrogens

Match the anti-libidinal medication used in the treatment of sex offenders to the mechanism of action:

- 1. Medroxyprogesterone acetate
- 2. Fluvoxamine
- 3. Cyproterone Acetate
- 4. Goserelin
- 5. Leuprolide
- 6. Premarin

Additional Resources / Reading Materials

Books

- Chapters 8, 9, 10, 11, 12, 19, 20 & 21 in 'Forensic Psychiatry: Clinical and ethical issues' Gunn J & Taylor P, (2013) CRC Press
- Chapters 10, 11, 12 & 13 in 'Practical Forensic Psychiatry,' Clark T & Rooprai DS (2011) Hodder Arnold
- Chapter 15 in 'Oxford Specialist Handbook: Forensic Psychiatry,' Eastman N, Adshead G, Fox S et al (2012) Oxford Medical Publishing

E-Learning

- RCPsych CPD online: 'Genetics for psychiatrists'
- RCPsych CPD online: 'Neurodevelopmental model of schizophrenia'
- RCPsych CPD online: 'Psychiatric aspects of homicide'

Journal Articles

- Bennett D, Ogloff J, Mullen P et al (2012) A study of psychotic disorders among female homicide offenders *Psychology, Crime and Law* 18(3), 231 – 243
- Chitsabesan P, Kroll L, Bailey S et al (2006) Mental health needs of young offenders in custody and in the community. *British Journal of Psychiatry* 188: 534 – 540
- Dein K, Woodbury-Smith M (2010) Asperger syndrome and criminal behaviour. *Advances in Psychiatric Treatment* 16: 37 – 43
- Devapriam J, Raju LB, Singh N et al (2007) Arson: characteristics and predisposing factors in offenders with intellectual disabilities. *British Journal of Forensic Practice* 9(4): 23 – 27
- Eronen M (1995) Mental disorders and homicidal behavior in female subjects. *American Journal of Psychiatry* 152: 1216 – 1218
- Fazel S & Benning R (2009) Suicides in female prisoners in England and Wales. *British Journal of Psychiatry* 194: 183 – 184
- Fazel S, Sjostedt, Langstrom N et al (2007) Severe mental illness and risk of sexual offending in men: a case-control study based on Swedish national registers. *Journal of clinical psychiatry* 68(4), 588 – 596

- Ferguson CJ & Beaver KM (2009) Natural born killers: the genetic origins of extreme violence. *Aggression and Violent Behaviour* 14, 286 – 94
- Gannon TA (2010) Female arsonists: key features, psychopathologies and treatment needs. *Psychiatry* 73(2): 173 – 189
- Gordon H & Grubin D (2004) Psychiatric aspects of the assessment and treatment of sex offenders. *Advances in psychiatric treatment* 10: 73 – 80
- Gudjonsson GH & Henry L (2003) Child and adult witnesses with intellectual disability: the importance of suggestibility. *Legal and Criminological Psychology* 8(2): 241 – 252
- Holland T, Clare CH & Mukhopadhyay (2002) Prevalence of criminal offending by men and women with intellectual disability and the characteristics of offenders: implications for research and service development. *Journal of Intellectual Disability Research* 46(S1): 6 – 20
- Kolko DJ & Kazdin AE (1991) Motives of childhood firesetters: firesetting characteristics and psychological correlates. *Journal of child psychology and psychiatry* 32: 535 – 550
- Long C, Hall L, Craig L et al (2010) Women referred for medium secure inpatient care: a population study over a six-year period. *Journal of Psychiatric Intensive Care* 7(1): 17 – 26
- Mohandie K, Meloy J R, McGowan MG et al (2006) The RECON typology of stalking: reliability and validity based upon a large sample of North American Stalkers *Journal of Forensic Science* 51(1), 147 – 155
- Monahan J, Steadman HJ, Silver E et al (2001) *Rethinking risk assessment: The MacArthur study of risk assessment and violence*. Oxford: Oxford University Press.
- Mullen P, Pathe M & Purcell P (2001) The management of stalkers. *Advances in psychiatric treatment* 7: 335 – 342
- Talbot J (2008) *No One Knows: Experiences of the criminal justice system by prisoners with learning disabilities and difficulties*. London: Prison reform trust

Session 3: Too mad to murder?

Learning Objectives

- To develop an understanding of the role of mental disorder in offending
- To develop an understanding of the frequency of and types of offences committed by those with serious mental illness
- To understand the role of special syndromes in offences
- To develop an understanding of vulnerability and suggestibility in mentally disordered offenders

Curriculum Links

12.1 Relationship between crime and mental disorder

- 12.1.2 The relationship between specific mental disorders and crime: substance misuse; epilepsy; schizophrenia; bipolar affective disorder; neuro-developmental disorders; personality disorders
- 12.1.3 Special syndromes: morbid jealousy, erotomania, Munchausen and Munchausen by proxy
- 12.1.5 Effect of victimisation and vulnerability: anxiety states including post-traumatic stress disorder; suggestibility; anger and aggressive behaviour. Effect of compensation on presentation

Expert Led Session

'Too mad to murder?' to include:

- Substance Misuse
- Epilepsy
- Schizophrenia
- Bipolar affective disorder
- Neuro-developmental disorders
- Personality disorders

Case Presentation

Case presentation on 'a special syndrome in relation to forensic psychiatry'. To include either morbid jealousy, erotomania, Munchausen or Munchausen by proxy.

Options for case presentation:

- If trainee has a suitable case of a special syndrome then they may present this.
- The trainee can come to the Edenfield Centre where a suitable case can be found for them – to access case notes and / or meet patient (if appropriate)
- To use 'The Allitt inquiry' as the basis of the case presentation. (Munchausen by proxy)

Journal Club Presentation

Key points to be summarised from the following three papers:

- Rose J, Cutler C, Tresize K et al (2008) Individuals with an intellectual disability who offend, British Journal of Developmental Disabilities 106, 19 – 30
http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&cad=rja&uact=8&sqi=2&ved=OCCUQFjAA&url=http%3A%2F%2Fwww.researchgate.net%2Fpublication%2F228505583_Individuals_with_an_intellectual_disability_who_offend%2Flinks%2F0deec51817f57baef7000000&ei=3YngU_Pil-nb7Aazh4DABg&usg=AFQjCNEg9xYeimpgqJchT70fngkh2vkPTA&sig2=KXDBJ1CC_DT2OPQG6mr2KA
- Fazel S, Wolf A, Chang Z et al (2015). Depression and violence: a Swedish population study. Lancet Psychiatry 2: 224 – 32
- Elbogen EB & Johnson SC (2009) The intricate link between violence and mental disorder: results from the national epidemiological survey on alcohol and related conditions. Archives of General Psychiatry 66(2): 152 – 161
<http://www.ncbi.nlm.nih.gov/pubmed/19188537>

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Human rights legislation – articles 5 / 6 / 8
- Ethics

MCQs

1. Which is the biggest risk factor for violence in psychosis?
 - A. Non-compliance with medication
 - B. Co-morbid personality disorder
 - C. Homelessness
 - D. Unemployment
 - E. Co-morbid substance misuse
2. With respect to Munchausen's by Proxy, which of the following is incorrect?
 - A. More common in mothers
 - B. The annual incidence of fabricated or induced illness in children under 16 is 0.5 per 100,000
 - C. There is no clear relationship with any specific mental disorder
 - D. 50% perpetrators had a personality disorder
 - E. 21% have a history of alcohol and / or drug misuse
3. Which of the following regarding mood disorder and violence is incorrect?
 - A. The prevalence of depression in male prisoners is 10%
 - B. The prevalence of depression in female prisoners is 25%
 - C. Manic patients are likely to show aggression and violence associated with admission to hospital
 - D. 7% homicide perpetrators have a lifetime diagnosis of mood disorder
 - E. Most perpetrators of homicide-suicide are male
4. Which is the correct statement relating to substance use and the MacArthur Violence Study?
 - A. Substance use increases the rate of violence among both those with and without mental illness
 - B. The rate of violence for those with a mental disorder and no substance use is 25%
 - C. The rate of violence for those with a mental disorder and substance use is 50%
 - D. Substance use is a protective factor for violence
 - E. The highest rate of violence was for those with mood disorder and substance use
5. Which is the incorrect statement about epilepsy and offending?
 - A. Ictal violence is more likely in complex partial seizures
 - B. Most offending occurs in post-ictal or inter-ictal period
 - C. Violence in epilepsy is usually a feature of the disease
 - D. The prevalence of epilepsy in prisoners is 1 – 2%
 - E. The prevalence of epilepsy in the general population is 0.5 – 1%

EMI Questions

Fire Setting:

- A. Crime concealment
- B. Financial compensation
- C. Suicidal
- D. Extremism
- E. Vandalism
- F. Psychosis
- H. Pyromania

Match the most-likely motivation for fire-setting with the clinical scenario below.

1. Wayne is a 14 year old who whilst truanting from school with a gang of boys sets fire to an abandoned warehouse. He waits around for the fire service to arrive and watches from a safe distance as they put the fire out.
2. Vincent is a 48 year old man with Asperger's Disorder. He has a history of setting fires when he is angry. He enjoys looking at how things burn. He is upset by another resident shouting at him and so set a fire. He feels an inner tension that is relieved when he has set the fire. He calls the fire brigade and becomes excited when they arrive.
3. Stephanie sets fire to a university research laboratory, where she believes the researchers are carrying out experiments on elephants. Two weeks ago she suddenly realised that the University were dissecting elephant trunks in order to test the effects of snorting cocaine so that the Government could develop a synthetic drug to distribute in the community.
4. Alison is a 50 year old woman who has recently separated from her husband after he left her for another woman. Divorce proceedings have begun and she is concerned that she may have to leave the family home because she can't afford to pay the mortgage. She is depressed with low mood, poor sleep, anhedonia and poor concentration. She feels that if she loses her home she won't have anything to live for. She sets fire to her house using petrol in 3 seats in the living room, hallway and upstairs bedroom. She calls the fire brigade from her mobile phone in the garden.

Human Rights:

- A. Article 2
- B. Article 3
- C. Article 5
- D. Article 6
- E. Article 8
- F. Article 9
- G. Article 12**

These Articles of the European Convention of Human Rights (ECHR) are important in the detention of mentally-disordered offenders. Match the correct Article with the freedom or right it describes.

1. Right to respect for private and family life
2. Prohibition of torture
3. Right to marry
4. Right to life
5. Right to liberty and security
6. Freedom of thought, conscience and religion
7. Right to a fair trial

Additional Resources / Reading Materials

Books

- Chapters 14, 16, 17, 18, & 26 in 'Forensic Psychiatry: Clinical and ethical issues' Gunn J & Taylor P, (2013) CRC Press
- Chapters 7, 8 & 9 in 'Practical Forensic Psychiatry,' Clark T & Roprai DS (2011) Hodder Arnold
- Chapter 3 in 'Oxford Specialist Handbook: Forensic Psychiatry,' Eastman N, Adshead G, Fox S et al (2012) Oxford Medical Publishing

E-Learning

- RCPsych CPD online: 'FREDA – a human rights-based approach to clinical practice'
- RCPsych CPD online: 'Morbid jealousy'
- RCPsych CPD online: 'Understanding and safely managing paranoid personality disorder'

Journal Articles

- Arsenault L, Moffit T, Caspi A et al (2000) Mental disorders and violence: results from the Dunedin study. Archives of General Psychiatry 57: 979 – 986
- Barrowcliff AL & Haddock G (2006) The relationship between command hallucinations and factors of compliance: a critical review of the literature. Journal of forensic psychiatry and psychology 17(2): 266 – 298

- Booles CN, Neale BA, Meadow SR (1994) Munchausen syndrome by proxy: a study of psychopathology. *Child abuse and neglect* 18: 773 – 788
- Fazel S, Langstrom N, Hjern A et al (2009) Schizophrenia, substance abuse, and violent crime. *Journal of the American Medical Association* 301(19): 2016 – 2023
- Gudjonsson GH & Henry L. (2003) Child and adult witnesses with intellectual disability: the importance of suggestibility *Legal and Criminological Psychology* 8(2), 241 – 252
- Large M, Smith G, Swinson N et al (2008) Homicide due to mental disorder in England and Wales over 50 years. *British Journal of Psychiatry* 193: 130 – 133
- Newhill CE, Eack SM & Mulvey EP (2009) Violent behavior in borderline personality disorder. *Journal of Personality Disorders* 23: 541 – 554
- Nielson O & Large M (2010) Rates of homicide during the first episode of psychosis and after treatment: a systematic review and meta-analysis *Schizophrenia Bulletin* 36(4): 702 – 712
- Roberts ADL & Coid JW (2010) Personality disorder and offending behaviour: findings from the national survey of male prisoners in England and Wales. *Journal of forensic psychiatry and psychology* 21: 221 – 237
- Shaw J, Amos T, Hunt IM et al (2004) Mental illness in people who kill strangers: longitudinal study and national clinical survey. *British Medical Journal* 328: 734 – 737
- Shaw J, Amos T, Hunt IM et al (2006) Rates of mental disorder in people convicted of homicide. *British Journal of Psychiatry* 188: 143 - 147
- Swanson JW, Holzer CE, Ganju VK, Jono R (1990) Violence and psychiatric disorder in the community: evidence from the epidemiological catchment area survey *Hospital and Community Psychiatry* 41, 761 – 70
- Tihonen J, Isohanni M, Rasanen P et al (1997) Specific major mental disorders and criminality: a 26 year prospective study of the 1966 northern Finland birth cohort. *American Journal of Psychiatry* 154: 840 – 845

Session 4: Introduction to risk assessment and risk management

Learning Objectives

- To develop an understanding of what clinical risk is
- To understand different risk assessment tools
- To develop skills in planning how to undertake a risk assessment
- To develop skills in risk formulation
- To develop an understanding of risk management

Expert Led Session

- An introduction to risk
- Risk assessment tools
- Forensic clinical interview
- Risk assessment
- Risk formulation
- Risk management

Case Presentation

Case presentation to include a risk assessment.

Journal Club Presentation

- Bonta J, Blais J & Wilson H (2014). A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and violent behaviour* 19(3): 278- 287
<https://www.sciencedirect.com/science/article/pii/S1359178914000408>
- Klepfisz G, Daffern M & Day A. (2016) Understanding dynamic risk factors for violence. *Journal of psychology, crime and law*. 22 (1), 124 – 137
<https://www.tandfonline.com/doi/abs/10.1080/1068316X.2015.1109091>

- Brown B & Rakow T. (2015) Understanding clinicians' cues when assessing the future risk of violence: a clinical judgement analysis in the psychiatric setting. Clinical psychology & psychotherapy 23(2): 125 – 141

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Arson risk assessment
- Suicide risk assessment
- MAPPA
- DVLA, driving and mental health

MCQs

MCQ Questions

1. Which of the following is not an actuarial risk assessment tool?
 - A. VRAG
 - B. SAVRY
 - C. Static 99
 - D. SORAG
 - E. PCL-R
2. Which is not a static risk factor?
 - A. Previous violence
 - B. Parental criminality
 - C. Age
 - D. Substance misuse
 - E. Sex
3. Which of the following are principles of risk management?
 - A. Victim-safety planning
 - B. Supervision
 - C. Scenario-planning
 - D. Treatment
 - E. All of the above

4. Which is not a feature of a truthful narrative?
- A. Able to give basic details only
 - B. Able to give context
 - C. Able to reproduce conversations
 - D. Able to make comments about another's mental state
 - E. Able to manage unexpected complications
5. Which is incorrect with regards to the HCR 20?
- A. Most commonly used risk assessment tool in the UK
 - B. 10 Historical items
 - C. 10 Clinical items
 - D. It is a form of SPJ risk assessment tool
 - E. It includes risk formulation

Additional Resources / Reading Materials

- Royal College of Psychiatrists - <https://www.rcpsych.ac.uk/pdf/Camden%20risk%20assessment%20and%20management.pdf>
- British Psychological Society - <https://www1.bps.org.uk/system/files/Public%20files/DCP/cat-381.pdf>
- RCPsych CPD online – Risk assessment and management of violence in general adult psychiatry
- Undrill G. (2007) The risks of risk assessment. *Advances psychiatric treatment* 13(4): 291 - 297