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Forensic Psychiatry 1

Introduction to the Criminal Justice System

Developing people
for health and
healthcare

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Psychiatry and the CJS

Aims and Objectives

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

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Psychiatry and the CJS

To achieve this

- Case Presentation
- Journal Club
- 555 Presentation
- Expert-Led Session
- MCQs

- Please sign the register and complete the feedback

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Psychiatry and the CJS

Expert Led Session

An Introduction to the Criminal Justice System

Author: Dr Victoria Sullivan

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Criminal Justice System

- Police
- Crown Prosecution Service (CPS)
- National Offender Management Service (NOMS)
  - National probation service
  - HM Prison service
- Youth Justice Board and Youth Offending Teams (YOT)

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Meet Bob

- 22
- Previously under EIT – psychosis NOS
- No medication
- Under arrest for armed robbery

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POLICE DETENTION


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Appropriate Adult

- Introduced to provide protection for vulnerable people at police station – witness / suspect
- Required for anyone who is
  - Mentally disordered
  - Mentally vulnerable
  - Under the age of 17
- Role is
  - To advise the person being questioned
  - To observe that the interview is conducted properly and fairly
  - To assist in communication (may explain words or procedures)

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Psychiatrist in Police Station

- Issues that may be encountered:
  - Fitness for detention
  - **Fitness for interview**
  - Risk assessment
  - Observation
  - Need for appropriate adult
  - Medication
  - Further psychiatric treatment / placement

Bob in police custody

- Interviewed with appropriate adult
- Seen by psychiatrist – fit to be interviewed
- ‘No comment’ interview
- Charged with armed robbery and possession imitation firearm
- Remanded to prison

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PRISONS AND PRISONERS

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Category of Prisons

Male Prisons

- May be closed, open, local and training
- A – for prisoners whose escape would be considered highly dangerous / threat to national security
- B – for prisoners whose escape must be made very difficult
- C – for prisoners who cannot be trusted in open conditions
- D – for prisoners who can be reasonably trusted in open conditions

Female Prisons

- May be closed, semi-open or open
- There is only one separate category (A) and ‘all other prisoners’

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Category A Prisons

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Female Prisons

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Prisoners

- Prison population 110%
- > 50% Young (20 – 34 yrs)
- 95% Male
- 84% sentenced
- BME overrepresented
- Low IQ common
- Socio-economic deprivation
- Poor physical health

Bob in prison

- After 4 weeks in prison Bob referred to in-reach team
  - Food refusal – believes poisoned
  - Fights with other prisoners
  - Flooding cell
  - Observed responding
- Refuses to accept antipsychotics

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Mental Health of prisoners

- Higher rates of mental disorder*

  *JCP related to mental disorder in prisoners

- Higher rates of psychosis, mood disorder and PD than general population

- High prevalence of substance and alcohol abuse

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Mental Health Care in prisons

NHS responsible	• Facilities vary between prisons
Mental Health In-Reach Teams	• Analogous to CMHTs

Psychiatric Assessment	• Same as for all other settings
	• Reception screen
	  • Physical / Mental disorders
	  • Substance Use
	  • Risk of suicide and / or self-harm

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Mental Health Treatment in prisons

No different to community / hospital

Prison health-care centres are NOT hospitals

- No compulsory treatment
- May use MCA but consider transfer to hospital

Prescribing in prisons – need to consider

- Medication times
- Medication in possession
- Drugs of abuse

CPA applies

Bob in prison

- Increasing concern about presentation
  - Psychotic
  - Refusing treatment
- Food refusal persists
- Smearing faeces
- Tied 4 ligatures
- Referred to hospital for admission

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Difficult behaviours in prisoners

Food refusal	• Most common protest behaviour • Management depends on aetiology
Dirty protests	• Psychiatric assessment often required
Self-harm	• 17% male sentence prisoners have lifetime history • Alcohol dependence • May be extreme and persistent

Suicide in prison

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	Young prisoners with poor coping skills	Older prisoners facing long sentences	Those with psychiatric illness
Proportion of total suicides %	30 – 45	5 – 10	10 – 22
Motivation	Fear Helplessness Distress Isolation	Guilt Hopelessness	Alienation Loss of self-control Fear Helplessness
Importance of their situation	Acute	Chronic	Varied
History of previous suicidal behaviour	Common	Less Common	Varied

Liebling 1995

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DIVERSION FROM CJS

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Diversion from CJS

- Removal of mentally-disordered offender (MDO) from CJS to hospital for treatment

- An MDO may be diverted from
  - Police custody
  - Magistrates' Court
  - Prison

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Diversion from CJS

Advantages of diversion

- Vulnerable offenders don't receive convictions for minor offences
- Police can focus on more serious crime
- Offender given help and support

Disadvantages

- MDOs may evade prosecution for serious offences
- MDOs may cause disruption in local services
- Future management may be more difficult → further offending

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Managing suicide risk in prison

- Assessment, Care in Custody and Teamwork (ACCT)
  - Monitors and protects prisoners at risk of serious self-harm or suicide
  - Collaborative working
- Peer support – Listeners Scheme
- Personal officer
- Chaplaincy
- Mental Health In-Reach Teams

Prison transfer

- Improved psychiatric care in prison, but prisoners with SMI may require admission

- Increase in prison transfers
  - Increasing prison population
  - Better identification of MDOs
  - Limited bed availability

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SECURE MENTAL HEALTH SERVICES

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Development of forensic psychiatric services

- 1850 – 1989 – development of criminal asylums / special hospitals
- 1960s – forensic psychiatry conceptualised
- 1975 – Butler Report
- 1980 – First MSU

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Entry into secure care

- Referrals may come from
  - CJS (court, prison, police stations)
  - Movement between levels of security
    - Up / down / sideways
  - Gate-keeping for specialist services outside of NHS
  - Second opinion on diagnosis / risk / management

High Secure	Medium Secure	Low Secure / PICU
Grave offence, especially sadistic or sexual	Serious offence of past failed placements at lower level	History of non-violent offending behaviour
Immediate danger to others if in community	Danger to others would be less immediate	
Risk predominately to others		Mix of risk to others / challenging behaviour / DSH
Capacity to coordinate escape / absconsion would undermine confidence in CJS	Risk of escape / absconsion Pre-sentence for serious charge	Low risk of absconsion
Unpredictable relationship between risk and mental state	Recovery likely to be prolonged, some risks remain when well	Acute illness, likely to respond to treatment
Previously unmanageable in medium security	Previously unmanageable in low security / PICU	Previously unmanageable on open ward

Clark T & Rooprai DS. Practical forensic psychiatry (2011) Table 2.1

High Secure Hospitals

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Medium Secure Hospitals

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Types of Security

Physical

- Buildings
- Equipment

Procedural

- Policies and practices

Relational

- Interpersonal interactions
- Relational explorer

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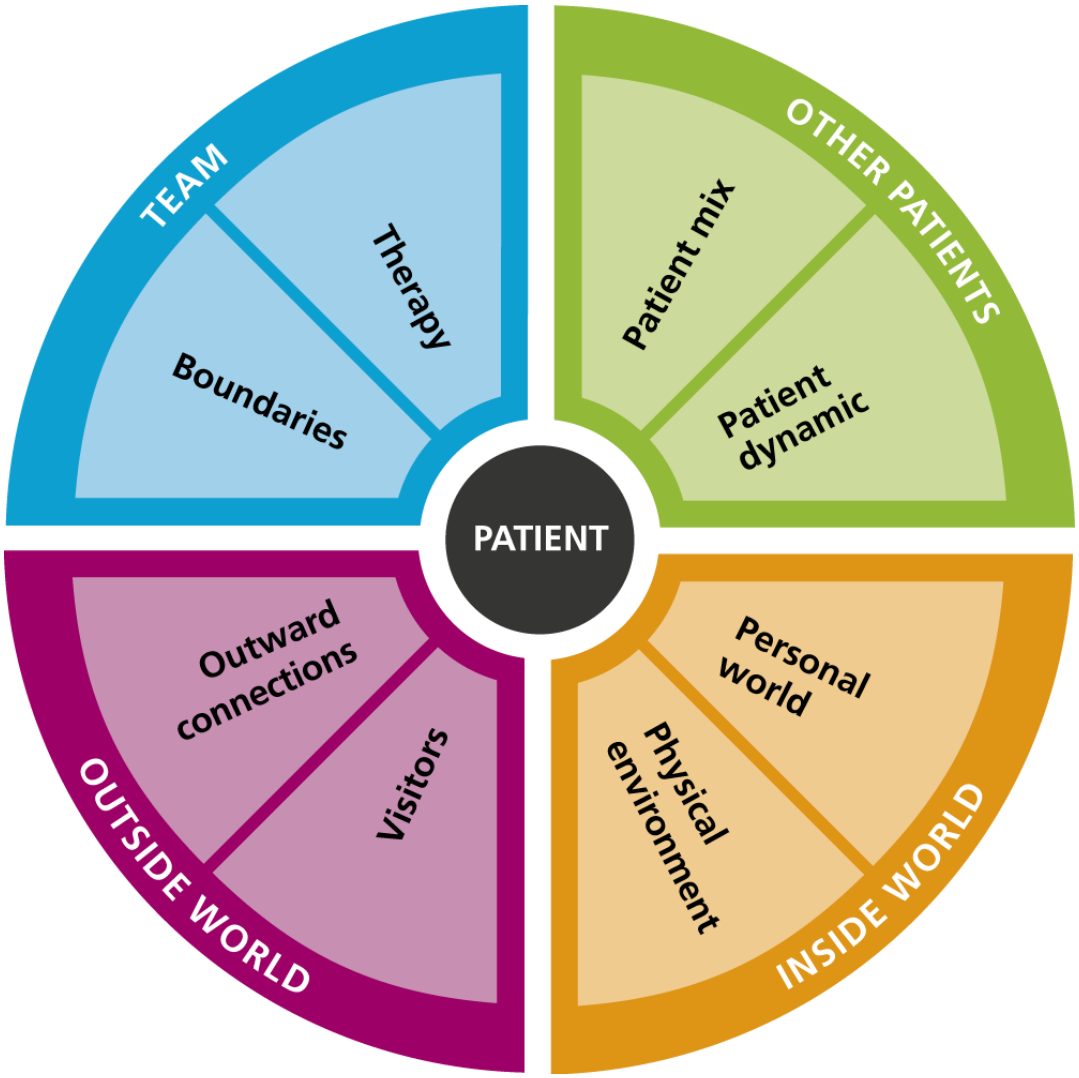

Bob in hospital

- Bob is transferred to the local MSU
  - Under section **?????** MHA
- Commenced on depot antipsychotic medication
  - Mental state improves
- Case sent for trial at Crown Court

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CRIMINAL JUSTICE SYSTEM

Crown Court

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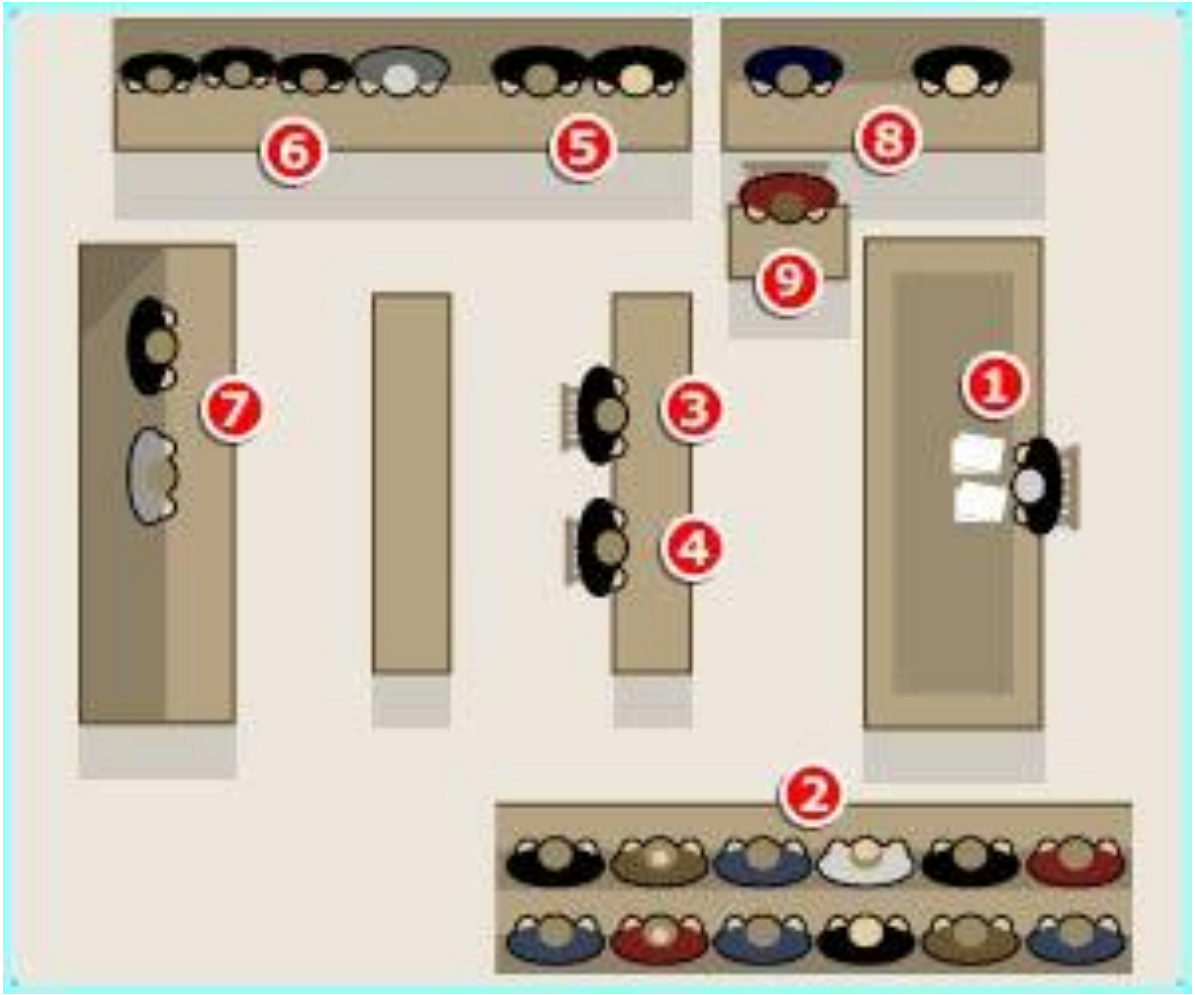

Bob at Trial

- Bob found guilty of armed robbery and possession of imitation firearm
- Psychiatric reports → hospital order not recommended
  - Due to be remitted back to prison
- Sentenced to 8 years imprisonment
  - Returned to HMP

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LEAVING PRISON

Parole Board

- Main focus is protecting the public and managing risk

- Parole Hearings
  - May require psychiatric risk assessment
  - Satisfied that it is no longer necessary for the protection of public that the prisoner should be confined

- Risk = dangerousness and must be substantial

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MAPPA

- Key functions
  - Identification of MAPPA offenders
  - Risk assessment & Risk management
  - Sharing information

- Categories of MAPPA offender
  - Category 1 – registered sex offender
  - Category 2 – violent or other sex offender
  - Category 3 – other offenders
  - Possible 4th category – potentially dangerous offenders

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MCQS

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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

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Psychiatry and the CJS

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

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MCQs

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

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Psychiatry and the CJS

MCQs

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

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MCQs

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

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Psychiatry and the CJS

MCQs

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

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MCQs

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

A. Depression

B. Personality disorder

C. Psychopathy

D. Psychosis

E. Neurosis

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Psychiatry and the CJS

MCQs

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

A. Depression

B. Personality disorder

C. Psychopathy

D. Psychosis

E. Neurosis

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MCQs

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

A. 10%

B. 12%

C. 25%

D. 3.7%

E. 50%

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

A. 10%

B. 12%

C. 25%

D. 3.7%

E. 50%

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Any Questions?

Thank you.