ABSTRACT

Objective: To canvass the opinions of psychiatrists working in forensic settings on the definition of forensic patient and treatability.

Method: A questionnaire was circulated. Respondents were asked to define forensic patient, associated social dangerousness with mental health and involvement with judicial system.

Results: Forty-eight (44%) of the 109 respondents attempted to define forensic patient. Only 54% considered forensic patient in general as treatable.

Conclusions: Most of the psychiatrists failed to agree on a mutual definition and tended to include forensic issues when attempting to define the forensic patient. Furthermore a significant minority believe that forensic patients can benefit from treatment. This has important implications, both for the general education of psychiatrist and for forensic psychiatry. (Rawal Med J 2004;29:68-70)

Key Words: Forensic, psychiatric, aggression
INTRODUCTION

Forensic Psychiatry, the sub-speciality in psychiatry in which scientific and clinical expertise is applied to legal issues, is an area of profession that has expanded considerably in recent years. In the UK, the Faculty of Forensic Psychiatry was formed from the forensic section of the Royal College of Psychiatrists in 1997. The Faculty concerns itself with all matters relating to forensic psychiatry. In the United States, the founding of the American Academy of Psychiatry and Law (APPL) in 1969 was followed by the formation of the American Board of Forensic Psychiatry in 1976 and the official recognition of forensic psychiatry as a sub-speciality by the American Board of Medical Specialities in 1992.\(^1\) There have been parallel developments in Canada, with the formation of the Canadian Association of Psychiatry and Law (CAPL) and the recent application made by CAPL to the Royal College of Physicians and Surgeons of Canada to have forensic psychiatry officially recognised as an area of “added competency” in psychiatry.

Forensic psychiatry is a complicated sub-speciality: it involves interacting with antisocial patients, sexual offenders and the criminal and civil justice system - interactions rarely encountered in general psychiatry in the West. During the past decade, the field of forensic psychological assessment entered a period of standard setting, reflecting in the publication of speciality guidelines for practice and in the publication of educational opportunities, training programmes, and credentialing and certification procedures for forensic specialists. Representing significant efforts to advance the quality of psychological assessments in legal contexts, these
developments foreshadow the promise of basic definition. “Who is a forensic patient and are they treatable”?

METHOD

To address this gap in understanding, I sent a postal questionnaire to consultants and senior trainees working in the forensic setting in the UK to determine their view. The surprising fact that the Royal College replied with a wry smile and directed to the definition of forensic psychiatry on the website of forensic faculty precluded the remote possibility of finding a specific definition in this area.

RESULTS

A total of 153 questionnaires were completed, 60% (n=91) from consultants (67.9% of the consultant membership of the Forensic Faculty of the College) and 26.8% (n=41) from senior trainees (45.5% of the senior trainee membership). The responses were split between these working in maximum (special hospitals) and medium security, 40.5% (n=62) and 51.6% (n=79), respectively and 7.9% (n=5) worked in other services.

Sixty-eight per cent (n=104) of psychiatrists felt confident in their ability to define forensic patient, but only 39.6% (n=53) felt definition of forensic patient was identifiably difficult. Seventy-one per cent (n=109) were not confident in the inter-rater reliability of the definition of forensic patient.

Of the 109 respondents who attempted to define forensic patient, 48 (44%) included social dangerousness with mental illness, risk prediction and involvement with
judicial system, 21 (19%) felt it was not systematically definable. Severity of social dangerousness was defined in a variety of ways, including: risk of offending (n=28; 26%), effect on functioning (n=23; 21%), number of traits of specific personality disorder diagnosis (n=13; 12%), the number of personality disorder diagnosis (n=12; 11%), lack of response to treatment (n=10; 9%), and level of emotional stability (n=6, 6.5%).

The majority (125, 82%) tended to over estimate “forensic issues” and admitted that the College proposals would probably make the definition of forensic patient more valid and clear. Eighty-three (54%) considered forensic patient, in general, as treatable. Psychiatrists working in the South of England and Wales were significantly more likely than those in the North to hold this view (66% v. 47%, d.f=1, p=0.026). Special Hospital psychiatrists were also significantly more likely to consider forensic patients treatable (66% v 46%) d.f=1, p=0.015). Considering those with severe personality disorder only 28% (n=43) reported that this group was untreatable.

Several respondents (62%) expressed their concern that the role of psychiatrists was being drawn parallel with the agents of social control in the former USSR. Many (72%) pointed out that indeterminate medical detention of forensic patient without effective treatment might be in direct conflict with the General Medical Council (GMC) guidelines stated in “Duties of a Doctor”.
DISCUSSION

This survey shows that psychiatrists have a moderately low level of agreement over the definition and treatability of forensic patients. There is further issue that psychiatrists tend to restrict themselves to that notion of forensic patients, which is suitable for the specific interventions within their services. Definition of forensic patient is ill defined. A single and non-controversial definition focusing on the interface of law and mental health and giving the emphasis on public protection seems to offer a balance perspective on this key issue.

The destiny of forensic psychiatric patient in many western countries is certain because governments, staff members of forensic psychiatric hospitals, lawyers and other involved groups do know what to do with this category of patient. However, the debate concerning issues in forensic practice very frequently ignores two important questions. Who is responsible for the treatability of those patients who are not forensic patients? What are the criteria for accepting who is and who is not a forensic patient? Although most psychiatrists would say that they are confident when they use the word “treatment” it may have different meanings depending on the context in which it is used. For example, when treatment is used in a forensic environment, it is often implicitly assumed that it means treatment that will reduce recidivism. It is thought that offenders’ mental disorders are connected with their offences - even though the term is often intended to refer to psychiatric treatment. This confusion raises a fundamental question. Is the goal of treating mentally disordered offenders to reduce recidivism or mental disorder? In fact, is mental health treatment likely to reduce criminal behaviours at all?
To say that some patients are not (totally) forensic for their treatability is not justifiable as they may eventually become the victims of conceptual ambiguities.\textsuperscript{9} The allegation of undue risk assessment in forensic psychiatry is denied (Shostakovich 1989).\textsuperscript{10} An interface is to be described as a concept, which would promote partnership between general and forensic psychiatry in an advisory capacity for those patients who are falling in the unclear boundaries of loosely defined concepts\textsuperscript{5}.

In conclusion, this survey illustrates the continuing concern over the lack of clarity regarding the term forensic patient and shows that the psychiatrists hold diverse views when defining “who is a forensic patient”? Additional review and analysis is required to evaluate the current practice. This conceptual and empirical understanding has significance for ethics, law, medical practice and public money.

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