Adolescent forensic psychiatry

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Abstract

Adolescent forensic psychiatry is a relatively new sub-speciality which deals with young people under the age of 18 who have been involved with the criminal justice system and have a mental disorder. The needs of young offenders are significantly different from adult forensic populations and services are currently developing across England and Wales to meet their needs. The Children's National Service Framework (NSF) and other statutory requirements have placed greater emphasis on developing services to assess and effectively manage mental disorders in young offenders in a variety of settings, including Local Authority Secure Children's Homes, Young Offender Institutions (YOIs) and in inpatient settings. Mental illness and disorders in adolescents present differently and are more difficult to diagnose than in the adult population. The majority of offending is committed not by those with serious mental illness but by young people with conduct disorders, and adolescent forensic psychiatrists are involved in the assessment and management of these young people as well as those with developmental disorders and serious and enduring mental illnesses. Adolescent forensic psychiatrists have a role in the education of other professionals involved with this group of young people and also in the development of services for the future.

Keywords adolescence; adolescent forensic services; autism; conduct disorders; risk assessment; sexual offending; young offenders; youth justice board

Adolescent forensic psychiatry is a relatively new field, with in both child and adolescent psychiatry and adult forensic psychiatry, but differing from both in the wide range of disorders that are managed and the variety of settings in which it is practised. It deals with young people aged under 18 who have been involved with the criminal justice system and/or present elsewhere posing a serious risk to themselves and others as a consequence of their behaviours. Services are targeted mainly at high-risk offenders with mental disorders.

Young people account for an estimated two million crimes a year. The psychosocial and biological factors that place young people at risk of offending and developing mental health problems are well established.[1] There is growing research literature on the mental health needs of adolescents in the youth justice system.[2] Our current experience working in adolescent forensic psychiatry is that young people who are involved with both the mental health system and the criminal justice system are subject to stigmatization and alienation by their peers and wider society.

The needs of young people differ in many respects from the needs of patients in adult services and so resources have to be focused appropriately. A recent study noted that young offenders had high levels of need in several different areas, including mental health (31%), education/work (36%) and social relationships (48%).[1]

What do adolescent forensic psychiatrists do?

The work of adolescent forensic psychiatrists involves meeting the mental health needs of young offenders in a variety of settings. To achieve this, practitioners are involved in multidisciplinary assessments and interventions wherever appropriate. Another key role of psychiatrists is the education of professionals from different backgrounds, including social services, education and Youth Offending Teams (YOTs), and the provision of support and consultation on forensic mental health issues for the professionals working with this group of patients. Figure 1 illustrates the major clinical areas in which adolescent forensic psychiatrists operate.

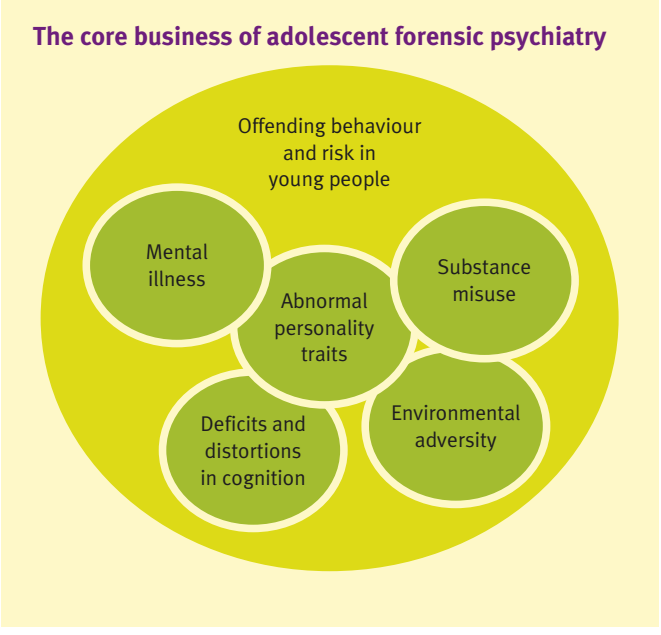

Figure 1

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Serious mental illness

As with adult forensic services, adolescent forensic psychiatry is concerned with the identification and treatment of conditions such as schizophrenia and bipolar disorder in offenders. However, diagnosis of these conditions in adolescence is generally more difficult than in adulthood. A significant number of young people who initially present with apparent conduct problems are later found to have been developing schizophrenia with an insidious onset.[3] A prodromal phase of non-psychotic behavioural disturbance occurs in about half of all cases of early-onset schizophrenia and can last between 1 and 7 years. It includes externalizing behaviours, attention-deficit disorder and conduct disorder. Mental health screening should include a focus on changes in social functioning (often from an already chaotic baseline level, so not always easy to detect) to a state including perceptual distortion, ideas of reference and delusional mood.[4]

Symptoms suggestive of schizophrenia and bipolar disorder may co-occur, and the young person may also be using illicit drugs, the effects of which further complicate the presenting picture.

Affective disorders play some role in youth violence.[5] Depression in adolescence commonly manifests itself as anger, which in turn is correlated with aggression.

Conduct disorder, impulsivity and delinquency

The majority of offending, including persistent and serious offending, is not committed by those with serious mental disorders such as schizophrenia. The most common psychiatric disorder in 5- to 15-year-olds is conduct disorder (found in 5% of young people in one study[6]), defined by the presence of a 'persistent pattern of behaviour in which the rights of other are violated'[7] (see also Hill, 2002[8]). Adolescent conduct problems have repeatedly been shown to predict later offending,[9] with earlier onset and a wider range of antisocial behaviours increasing later risk.

Conduct disorder has a significant comorbidity, frequently occurring alongside hyperkinetic disorders and substance misuse, each of which also carries independent additional risks for offending.[10] This group of disorders is often characterized by a particular pattern of distorted cognitions and affect that includes:

- hostile attributions
- a focus on aggressive cues
- poor verbal problem-solving
- labelling one's own arousal as anger.[11]

Given this pattern, it is easy to see how those affected have high levels of offending, and this presentation is common in young people in contact with the criminal justice system – and probably even more in those whom adolescent forensic psychiatrists are asked to assess.

Conduct disorder is difficult to treat, often arising from a combination of inherent neurobiological deficits and early exposure to a chaotic, abusive and neglectful environment. Appropriate pharmacotherapy can alleviate symptoms, especially when impulse control is a problem, and there is evidence that approaches such as multisystemic therapy may improve outcomes.[12] Multisystemic therapy aims to create a cohesive and integrated network of interventions around the needs of young people, including traditional cognitive–behavioural therapy, behavioural parent training and other empirically based treatment approaches directed at the young person, the family and school and the neighbourhood. Children with conduct disorders are frequently deficient in social skills and general problem-solving strategies. Social-skills training is frequently used and has a small effect as part of a multimodal package.[13]

Personality disorder and psychopathy

Certain personality traits, discernible in adolescence or even in childhood, are relatively stable and underlie a continuity between childhood and adult behavioural, social and relationship problems. The traits of impulsivity and aggression associated with conduct disorder and delinquency, for example, are also associated with the development of antisocial personality disorder in adulthood, so young people with conduct disorders are likely to continue to have contact with criminal justice and mental health services as they grow older.

Dolan and Millington have suggested that psychopathy is different from antisocial personality, or represents a more severe subcategory of that disorder, characterized by additional deficits in empathy.[14] Recently, scales have been developed to measure psychopathic traits in adolescents (e.g. the Psychopathy Checklist: Youth Version (PCL:YV;).[15] The predictive value of these scales is not yet clear, but it has been suggested that affected young people may be over-represented among those who commit serious violent and sexual offences.

Apart from input into risk assessment and management, adolescent forensic psychiatry currently has little to offer to those with personality disorders, although it is important to distinguish them from other conditions with similar presentations, such as autistic spectrum disorders. It is possible that this situation may change in the future as policy documents such as *Personality disorder: no longer a diagnosis of exclusion* reflect the Department of Health's intention to expand all services for those with personality disorder.

Sexual offending

A significant number of recorded sexual offences are committed by young people, and there is increasing recognition of the need for better understanding of this offender group, and for better services aimed at reducing their risk of reoffending.

For many young people, committing a sexually harmful act is a single incident, perhaps the acting out of distress in the context of environmental pressure. In other cases young men, and even young women, may already have entrenched, distorted cognitions, including paedophilic sexual interest, which may be accompanied by evidence of a developing personality disorder.[16] Occasionally, such young people suffer from mental illness, but it is far more common for repeat and high-risk offenders to have learning and personality problems. Nearly all have, at least, been exposed to sexually inappropriate material and many have been sexually abused.

There are woefully few services for such young people nationwide. A shortage of provision within young offender institutions (YOIs) (see below) means that the most serious offenders, who receive custodial sentences, have limited access to services. There is a particular shortage of services for special groups, such as young people with severe learning difficulties and young women.

Substance misuse

Young people's substance misuse services are being developed in several parts of the UK, following the lead of groundbreaking

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