Journal of Forensic and Legal Medicine 58 (2018) 117–121

Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/locate/yjflm

Mental health in Sexual Assault Referral Centres: A survey of forensic physicians

Charlie Brooker[a,*], Sheila Paul[b], Coral Sirdifield[c]

[a] Health and Justice, Royal Holloway University of London, UK
[b] Thames Valley Sexual Assault Service, UK
[c] Community and Health Research Unit, University of Lincoln, UK

ARTICLE INFO

Keywords:
SARC
Forensic physicians
Mental health
Survey

ABSTRACT

A national survey of Forensic Physicians (FPs) working in Sexual Assault Referral Centres was undertaken. The survey was advertised in the weekly bulletin sent out by the Faculty of Forensic and Legal Medicine. Response was relatively low (n = 45). It is estimated that this figures represents about 12% of the workforce. The aim of the survey was to investigate FPs experience of accessing mental health pathways out of a SARC for complainants of all ages. The results concurred with a previous survey of SARC clinical managers with mental health services proving unresponsive. Informed co-commissioning between NHS England and Clinical Commissioning groups can only improve if aspects of complainant's mental health are routinely assessed within SARCs using structured outcome measures. Structured outcomes should be integrated into NHS England's Sexual Assault Referral Centres Indicators of Performance (SARCIP).

1. Background

People who allege sexual assault can attend a national network of Sexual Assault Referral Centres (SARCs) for physical examination, the collection of evidence and sign-posting onto other appropriate services. The impact of being sexually assaulted on mental health is not always assessed comprehensively in SARCs despite national policy guidance.[1,2] This, despite the fact, that a number of studies worldwide have estimated the prevalence of mental health problems in adult SARC attendees to be approximately 40%.[1,3–6] The range of these mental health problems have been more fully investigated in a recent English study[7] - a one year mental health audit of all attendees at a SARC outside London in the Thames Valley. This study found 36% were moderately or severely depressed; 30% experienced moderate to severe anxiety; 28% were drinking at hazardous/harmful levels; and 12% had a drug problem that was moderate to severe. Self harm affected 45% of the sample with the greater majority cutting themselves and self-harming before the age of 17. Admission to a psychiatric in-patient unit was not uncommon and 19% had been admitted an average of three times each. The figure of 19% admitted to a psychiatric hospital is 90 times higher than for the general female population. 42% of the total sample were being prescribed medication for their mental health problem. The paper concluded that: there should be agreement nationally on the use of a standardised set of mental health outcome measures which are used in all assessments; there should be a move towards the commissioning of expert psychological support that is offered in a SARC and the pathways for specialist mental health care out of the SARCs. Finally, forensic physicians and general practitioners need a greater awareness of the mental health sequalae of sexual assault and they then need to make prompt referrals to the appropriate services.

At present the NHS England commissioning guidance for mental health in SARCs is under-developed and states in relation to mental health[8] that:

> 'The SARC will ensure the provision of appropriate psychosocial support according to the clients' needs. When clients' mental health needs exceed the remit, i.e. needs are greater than Improving Access to Psychological Therapies (IAPT) level 3 support, the SARC will refer them to local community mental health services or acute services as appropriate. Referrals should be with consent or, in the case of adults without capacity, in their best interests.
>
> Clients aged under 18 will be referred to their local safeguarding team. Provision for further paediatric services such as medical care and psychosocial support must be available'. (page 17 of Specification No 30, NHS England).

The key role in the assessment of mental health and substance misuse needs in a SARC is that of the forensic physician/nurse examiner.

* Corresponding author.
E-mail address: charlie.brooker@rhul.ac.uk (C. Brooker).

https://doi.org/10.1016/j.jflm.2018.05.008
Received 19 January 2018; Accepted 13 May 2018

2. Method

2.1. The questionnaire

A short questionnaire was designed and posted on Survey Monkey. The aim of the survey was to elicit forensic physicians' (FPs) views about the assessment of mental health in a SARC (both for children/young people and adults). A further aim was to obtain FPs' views about the adequacy of mental health pathways out of a SARCs for follow-up care (please contact the main author if you would like a copy of the questionnaire).

2.2. The sample

A briefing about the survey was included in three consecutive weekly copies of the Bulletin of the Faculty of Forensic and Legal Medicine. The sample targeted forensic physicians working in a SARC in England.

2.3. Analysis

Data were exported from Survey Monkey and analysed in SPSS using descriptive statistics. Qualitative responses were manually organised into key themes.

2.4. Results

2.4.1. The sample

A total of forty five forensic practitioners responded. The characteristics of the sample are given in Table 1.

The majority were female (80%); with a relatively even spread of the types of membership of the Faculty of Forensic and Legal Medicine. The greater proportion (73%) of the sample were located in the North or the Midlands. The whole sample had worked in a SARC for an average of 9 years and assessed on average 4.45 adults (SD = 4.379) and 3.71 children/young people (SD = 4.452) per month.

2.5. Forensic physicians working with adults

2.5.1. Expertise

Respondents were asked whether they felt that they had the expertise to undertake mental health or a substance misuse assessment in their SARC. Here, the majority of respondents (80%, n = 36) felt that they had. Of the remainder, three did not answer this question, and six felt that they did not have this expertise in their SARC. Two of these six stated that they do not see adults in their SARC. Of the remainder of those stating that they did not have this expertise in their SARC, one wanted "more in depth training around both issues", one wanted "more mental health assessment training and how to respond", one stated that a brief assessment for mental health is done with all clients, but not a full one, and there is limited experience in drug/alcohol assessment. The final respondent in this group felt that more teaching and shadowing would be helpful.

Table 1
The characteristics of forensic physicians who responded to the survey.

Characteristic		N	%
Gender	Male	9	20%
	Female	36	80%
	Total	45	100%
Membership Type	Affiliate	11	25%
	Fellow	8	17%
	Member	11	25%
	Other (includes 8 non-members)	15	33%
	Total	45	100%
Location	Midlands	10	22%
	North West	11	24%
	North East	12	27%
	South West	4	9%
	South East	5	11%
	London	2	5%
	Total	45	100%

2.5.2. Resources

Similarly, respondents were asked whether they felt that they had the resources to provide an assessment for mental health or substance misuse in their SARC. Here, 80.0% (n = 36) of respondents stated that they had the resources for this, 11.1% (n = 5) stated that they did not, and 8.9% did not answer this question. Those respondents stating that they did not have the resources that they needed stated that they would like physical examination tools like a blood pressure cuff; drugs tests, and for more medications to be stocked in SARCs to deal with substance abuse.

2.5.3. Access to mental health pathways

Respondents were asked to rate the accessibility of a number of mental health services in relation to their work in the SARC. Here 'access' was defined as access to the service for the patient following assessment in the SARC. A summary of responses is given in Fig. 1.

For GPs, the majority of respondents rated access for adult patients as either 'moderate' (24.4%, n = 11) or 'good' (55.6% n = 25). For IAPT, most respondents rated access for adult patients as either 'poor' (31.1%, n = 14) or 'moderate' (28.9%, n = 13). Eight respondents rated this as 'unknown'. Access to approved mental health practitioners for adult patients was rated 'poor' by 35.6% (n = 16) of respondents. Nine respondents rated this as 'unknown'. Access to mental health services for adult patients was rated 'poor' by 28.9% (n = 13) of respondents, and 'moderate' by 16. Access to in-house counselling for adult patients received quite positive ratings, with 53% (n = 24) rating this as 'good'. Access to drug and alcohol teams for adult patients received more mixed ratings, with 17.8% (n = 8) respondents rating this as 'poor', 35.6% (n = 16) as 'moderate', and 20% (n = 9) as 'good'. Nine respondents rated this as 'unknown'. Access to voluntary sector counselling for adult patients received quite positive ratings, with just 6.7% (n = 3) of respondents describing this as 'poor', 33.3% (n = 15) as 'moderate', and 31.1% (n = 14) as 'good'. Ten respondents rated this as 'unknown'.

Respondents were asked to describe the main problems with accessing local mental health or substance misuse services. Here, the following themes were identified in the data:

- It can be difficult to gain access to both immediate and ongoing care as access has to be via a GP (unless a patient is already known to mental health services). Accessing services this way takes a long time, and the service provision on offer varies by postcode
- Pathways into care are not always clear
- SARCs teams often work out of hours, and it is particularly difficult to access urgent support for patients with mental illness out of hours. It is not always clear whose responsibility care for these patients is out of hours
- Resources – many services are stretched or at capacity – there is a need for increased funding and staffing. There are long waiting lists for a variety of mental health services – both adult and CAMHS
- Mental health teams can be reluctant to engage with SARC cases

2.6. Forensic physicians working with substance misuse in adults

Respondents were asked to describe how they would manage substance misuse withdrawal in a SARC. This showed the following themes:

- Variation in medication available: There is limited medication (if