



Original article

European Psychiatric Association (EPA) guidance on forensic psychiatry: Evidence based assessment and treatment of mentally disordered offenders



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ABSTRACT

Forensic psychiatry in Europe is a specialty primarily concerned with individuals who have either offended or present a risk of doing so, and who also suffer from a psychiatric condition. These mentally disordered offenders (MDOs) are often cared for in secure psychiatric environments or prisons. In this guidance paper we first present an overview of the field of forensic psychiatry from a European perspective. We then present a review of the literature summarising the evidence on the assessment and treatment of MDOs under the following headings: The forensic psychiatrist as expert witness, risk, treatment settings for mentally disordered offenders, and what works for MDOs. We undertook a rapid review of the literature with search terms related to: forensic psychiatry, review articles, randomised controlled trials and best practice. We searched the Medline, Embase, PsycINFO, and Cochrane library databases from 2000 onwards for adult groups only. We scrutinised publications for additional relevant literature, and searched the websites of relevant professional organisations for policies, statements or guidance of interest. We present the findings of the scientific literature as well as recommendations for best practice drawing additionally from the guidance documents identified. We found that the evidence base for forensic-psychiatric practice is weak though there is some evidence to suggest that psychiatric care produces better outcomes than criminal justice detention only. Practitioners need to follow general psychiatric guidance as well as that for offenders, adapted for the complex needs of this patient group, paying particular attention to long-term detention and ethical issues.

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1. Introduction

1.1. Aims

The aim of this guidance paper is threefold: Firstly, we give an overview of the field of forensic psychiatry (1.2–1.5). Secondly, we provide a literature review of the evidence base and best practice regarding the assessment and treatment of MDOs under the

following headings: the role of the forensic psychiatrist as expert witness, risk assessment, treatment settings for MDOs, and effectiveness of psychological and pharmacological interventions, based on articles pertaining to reviews, randomised controlled trials and publications on best practice (3.2–3.5). We incorporate recommendations for best practice in forensic-psychiatric care based on the scientific literature as well as the guidance identified.

1.2. Mental disorder and crime

Up until the 1980s most professionals believed that there was no link between mental disorders and violence (e.g. [1]). Several

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large scale epidemiological studies have since resulted in a reappraisal of this position. One example of an early study that helped to reshape opinion is the Epidemiological Catchment Area (ECA) study [2] a cross-sectional, retrospective survey comprising a community sample of over 17 000 participants in five large US cities. Based on self-report, the study found a lifetime prevalence of violence of 7.3% in those with no psychiatric disorders whereas this figure was 16.1% in those with serious mental illness (schizophrenia or major affective disorders) and rose to 35% in those with substance misuse disorders; individuals with mental illness and substance misuse had a lifetime prevalence of violence of 43.6%. This suggests that, while major mental illness appears to be related with violence, substance misuse may have a much more significant role in increasing the likelihood of committing a violent act. This importance of substance misuse was also shown in the MacArthur Violence Risk Assessment Study (e.g. [3]) which followed up over 1000 patients discharged from psychiatric care and used different methods of collating information on violence (self-report, carers' report and criminal records). The study found no significant difference between the prevalence of violence in patients and others living in the same neighborhood when only looking at individuals without substance abuse. Substance misuse raised the rate of violence in both patients and healthy individuals but did so disproportionately in the patient group, suggesting substance misuse acts as a mediator between mental illness and violence.

More recently a number of meta-analyses have synthesized data available on the relationship between mental disorders and violence (e.g. [4–8]). These reviews, drawing on a large number of primary studies (e.g. over 200 for schizophrenia), conclude that schizophrenia, other psychoses and bipolar disorder are all associated with violence. However, large variations were identified with odds ratios between 1 and 7 for schizophrenia in males and between 4 and 27 for females. For bipolar disorder, odds ratio estimates ranged from 2 to 9. Importantly, for both disorders comorbid substance abuse increased odds ratios up to threefold, and for bipolar disorder the significant relationship with violence disappeared when controlling for substance misuse. For all serious mental illness diagnoses substance misuse played a more significant role in increasing the risk for violence compared to the illness. Personality disorders (PD) also appear to increase the risk of violent behaviour by threefold compared to individuals with no such disorder, and in offenders those with PD have a higher risk of re-offending compared to those without though outcomes differ greatly by PD type. Treated individuals, offenders and MDOs, have improved outcomes (reduced reoffending rates; e.g. [9,10] as will be expanded upon below). This is also the case for pharmacological interventions which have been shown to reduce reoffending in a national register study of 82 647 patients [11].

1.3. Forensic psychiatry

Forensic psychiatry is a subspecialty of clinical psychiatry which requires special legal and criminological knowledge as well as experience in the treatment of often complex and multiple mental disorders. While the US tradition focuses on the role of the forensic psychiatrist in the legal context and includes civil law matters [12], European forensic psychiatry takes a slightly different perspective, emphasising the treatment of mentally disordered offenders (MDOs). Gunn and Taylor argue that issues of victimisation and deprivation are essential to engage with in order to both help those affected and to prevent future harm [13]. They define forensic psychiatry as: “a specialty of medicine, based on a detailed knowledge of relevant legal issues, criminal and civil justice systems; its purpose is the care and treatment of mentally disordered offenders and others requiring similar services, including risk assessment and management, and the prevention of future victimization.” (p.1).

The specialty is primarily concerned with individuals who have either offended or present a risk of doing so, and who also suffer from a psychiatric condition. These MDOs almost invariably have histories of psychosocial deprivation, including poor parenting, frequent changes in caregivers, having being in care, having suffered abuse, poor education, and unemployment, to name but a few [14]. They commonly have histories of substance misuse and have often had multiple admissions to psychiatric services as well as previous contact with the criminal justice system before coming into forensic-psychiatric care [15].

Due to their backgrounds, namely their offending histories, MDOs are often cared for in secure environments, either in prison or in dedicated forensic-psychiatric hospitals. These institutions are high cost-low volume services that may detain their clientele for long periods of time in highly restrictive conditions (for a review of length of stay in forensic psychiatric institutions see [16]). The purpose of this detention is seen as twofold: care and treatment for the patient (for their own sake as well as in order to reduce future risk) and protection of the public from harm from the offender. This dual role can cause dilemmas for the practitioner as described by Robertson and Walter for psychiatry as a specialty as a whole, though this is more acutely felt in the forensic context: “In psychiatric ethics, the dual-role dilemma refers to the tension between psychiatrists' obligations of beneficence towards their patients, and conflicting obligations to the community, third parties, other health-care workers, or the pursuit of knowledge in the field. These conflicting obligations present a conflict of interest in that the expectations of the psychiatrist, other than those related to patients' best interests, are so compelling. This tension illustrates how the discourse in psychiatric ethics is embedded in the social and cultural context of the situations encountered. It appears that as society changes in its approach to the value of liberal autonomy and the 'collective good', psychiatrists may also need to change”. [17] (p.228).

1.4. The role of a forensic psychiatrist

As is the case in all medical specialties, it is the medical doctor whose duty it is to bring clinical leadership to forensic psychiatry [18], and to have a pivotal role in defining service delivery for MDOs and others requiring similar services on a more general level [19]. Thus, although legal and clinical frameworks differ across Europe, forensic psychiatrists have similar roles, such as:

- providing treatment for severely mentally ill people who offend,
- working effectively at the interface of law and psychiatry, and, in so doing, working with other clinical and non-clinical professionals in the field,
- providing reports and giving evidence to courts, and
- assessing and managing the risk of MDOs and preventing reoffending.

In order to fulfil these roles, forensic psychiatrists must have specialist knowledge and skills, namely in the assessment and management of complex mental disorders, violence and sexual deviance, and the risks that these behavioral phenomena pose. To this end, the forensic psychiatrist must be able to incorporate academic and clinical skills, techniques and research developed in neighboring disciplines, such as youth, adult, and geriatric psychiatry, psychology and criminology [20]. Furthermore, the forensic psychiatrist must adapt to the role of being an objective evaluator in addition to providing psychiatric care to patients [21]. However, although forensic psychiatrists may cross the border from empirical medical science into the court room and may act on behalf of courts or administrations when they treat their patients, the patient is still at the core of what they do. This notwithstanding, forensic psychiatrists are interpreters of medical and psychological findings for judges,

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