

Rising to the challenge – assuring a future for forensic mental health research

**Pamela J Taylor, School of Medicine,
Cardiff University**

Research at its best

- ▶ Predicates change for the better
- ▶ Thus diminishing stigma
- ▶ Contains costs
- ▶ Safeguards professional credibility and services
- ▶ Supports recruitment and retention

UK RCP survey - 2000 respondents

60% doing some research

For most not their primary role

2/3 would like to do more

What would help to do research?

- Protected time
- Funds
 - Availability
 - Knowing how to apply
- Reduced bureaucracy of research
 - Simpler ethics approval processes
 - Support for research management
- Enhanced skills
 - statistical skills
 - research design skills
- Availability of academic support

To what extent do forensic mental health services require specific research?

- ▶ Antisocial behaviour by people with mental disorders can only be adequately researched within this group
- ▶ Standard randomised controlled trials of relevant treatments almost by definition exclude antisocial and/or complex cases
- ▶ Unique characteristics of some cases
- ▶ Ethical issues

How far we have to go

Treatments for people with personality disorder
- 'usable outcomes' or personality change

Duggan et al, 2010

- ▶ Cochrane review: 17 RCTs of psychological treatments for sex offenders
- ▶ 13,290 RCTs registered on the Cochrane Database for schizophrenia - 21% psychological interventions
- ▶ 16,483 trials on the Cochrane Depression, Anxiety & Neurosis Register
- ▶ Schizophrenia and depression are much commoner conditions than sex offending, but the contrast is stark

Duggan & Dennis 2014

'n-of-1' trials?

- ▶ Is an intervention likely to benefit or cause unwanted effects in an individual?
- ▶ Design most suited to interventions which
 - ✓ Act/cease to act quickly
 - ✓ When evidence is limited
 - ✓ When a (complex) patient differs from people included in conventional RCTs
 - ✓ When prevalence of condition/condition combination too low for conventional trials

- ▶ Randomisation of intervention/non-intervention
- ▶ Blinding where appropriate
- ▶ Formal outcome assessments

Oxford Centre for Evidence-based Medicine (2011) classifies n-of-1 trials, when properly conducted as level 1 evidence

- ✓ Advance protocols
- ✓ Registered as trials

Where is the funding? Where is the infrastructure?

Funding?

- Government research bodies
- Health service
- National research councils
- Specific funding streams
- Dedicated charity

Infrastructure - we need

- training posts
- an obvious career pathway
- A minimum sufficient network

In the absence of immediate senior partners in forensic mental health research?

Partner with those who have relevant expertise outside the field

- ✓ Trials unit teams
- ✓ Imaging experts
- ✓ Technology applications experts
- ✓ Public health experts
- ✓ Criminologists

Partner with those who have forensic mental health expertise in other centres -

- ✓ nationally
- ✓ internationally

International perspectives vital in themselves

- ✓ Put systematic reviews in perspective
- ✓ Relevant conditions contribute to a 'natural experiment'
- ✓ May allow collating n-of-1 trials

International collaborations

SWANZJACS

- ▶ Highlighting similarities and differences in demographics of our clientele internationally
- ▶ Similarities and differences in clinical and legal pathways

Ghent group

Mapping similarities and differences in

- ▶ Training
- ▶ Laws and legal processes
- ▶ Services
- ▶ Core concerns in treatment settings
- ▶ In potential for research

❖ Dundrum suite
❖ STAIR

10 steps forward

1. Articulate our platform
2. Build from basics
3. Abandon stereotypes
4. Radical thinking
5. Use of technology
6. Creativity with blockages
7. Doing more with less
8. Managing regulation
9. Product targeting
10. Clarity of message - conveying it and living it well

1. Articulate our platform

- ❖ Per life lost, we spend less on research into violence than on most other conditions impacting on health
- ❖ That must change
- ❖ Forensic mental health research could make a difference

2. Building from basics

- ❖ We need to know more about life course of relevant symptoms of disorder in context

3. Abandon stereotypes

- ❖ No condition is defined by untreatability

4. Radical thinking

- ❖ Alternatives to prison
- ❖ Biofeedback for behavioural disorders

5. Use of technology

- ❖ Evaluation of patient engagement and monitoring through apps

6. Creativity with blockages

- ❖ Clinicians engaging in n-of-1 trials
- ❖ Bringing in other research experts
- ❖ Appropriate diversion of ‘quality assurance’ funds

7. Doing more with less

- ❖ Engaging undergraduates, volunteers
- ❖ But never underplay skills
- ❖ Knowing when to end a research line

8. Managing regulation

- ❖ Promoting the ethical problem of not advancing treatment/change through research
- ❖ Setting up the structures for accurate, easy responses
- ❖ Engage ‘experts by experience’ in the process

9. Product targeting

- ❖ Who is interested?
- ❖ Crowd funding?

10. Clarity of creed - conveying it and living it well

- ❖ Sound forensic mental health research can save lives and reduce health and criminal justice costs