

CRIME IN MIND

Newsletter December 2022

Women in the criminal justice system and secure hospitals



Crime in Mind is a Charity set up to fund research into forensic mental health services and the users of those services. Its focus is on the nature, causation, prevention and management of people who suffer from mental health conditions. More effective prevention is the ideal, when this is not possible, we need more effective, evidenced interventions for recovery and restoration of safety. Our newsletter brings to you some of the most recent updates of what we have been doing and highlights some of the recent research and topical areas in forensic psychiatry.



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Updates from the Chairman, Professor John Gunn

We live in turbulent times. A pandemic that has killed 178,000 of our citizens, climate change that seems relentless with nobody able or willing to change course, a savage, monstrous war in Ukraine, 5 Prime Ministers in four years, 4 finance ministers in as many months, massive national debt and a government that is creating economic chaos and is completely out of its depth, all capped by the passing of our much loved and extraordinary Queen who brought so much stability. It must seem to young people that the future is bleak and without hope. Certainly politics as usual doesn't seem to be succeeding. It is time for those of us who believe in science to turn to finding solutions that can press the reset button. Science can bring tested information, new ideas and hope, science gives us choices, science gives us power.

Does any of this turbulence affect the worlds of criminal justice and mental health? Of course it does but perhaps we should try to ignore the noise as far as possible and remember that skilled research will continue to be fruitful. We remain optimistic that in the long run public and politicians will acknowledge that science has a great deal to offer the never-ending fight against crime. This newsletter has a particular theme; it is focused on women in the justice system. Although there is a national female offender strategy, we are still far from optimal services for women. We would welcome your comments on this – and, indeed about the newsletter and our activities in general.

Our finances do not allow us to provide the research grants we would like to provide but we were successful a couple of years ago in obtaining £1000 from a finance company, St. James's place, which we made available for a systematic literature review on *Multiple homicide followed by suicide*. The review was conducted by Dr Alexis Theodorou of the West London NHS Trust and the value of Crime in Mind support went beyond the immediate finding. His

review was the focus of a members only webinar in December 2021, attended by invited experts from around the world: Professor Adam Lankford, University of Alabama, USA; Professor Riittakerttu Kaltiala-Heino, Tampere University, Finland; Dr Sandra Flynn, University of Manchester, UK; Dr Frank Farnham, Clinical Lead for the National Stalking Clinic, UK. Their input, given freely, was invaluable and way beyond the reach of many young researchers. The review, registered with PROSPERO (www.crd.york.ac.uk/PROSPERO), is now being prepared for publication. We are now building on this success to offer two more small grants for early researchers.

Recent public webinars have included: *Recovery in Forensic Mental Health*: given by Professor Lindsay Thomson and colleagues from Edinburgh University and the Forensic Mental Health Managed Care Network in Scotland. *Mental Health Research in Prisons*: given by Rachel Daly of Oxleas NHS Foundation Trust, Andrew Forrester of Cardiff University, Huw Stone Specialist Member of the Parole Board, Pamela Taylor, Cardiff University and the late Tim Kirkpatrick, Manchester University; and *Research into supporting those with Autistic Spectrum Disorder in the Justice System*, given by Heidi Hales, North West London Forensic Child and Adolescent Mental Health Services, Alexandra Lewis, Clinical adviser to the Children & Young Person's Health & Justice workstream at NHS England & NHS Improvement and Alice Siberry, Specialist Neurodiversity Criminal Justice Consultant for the charity Creased Puddle.

Recently we took a significant step towards being a membership society. We hope that professionals in the criminal justice system and in the health service who have an interest in our work will join us by paying a small annual subscription. If enough people are interested this will give us a small but steady income which we hope to build on and will mean that we have a group of people who relate to one another, who are more active in this field and may provide a network of personal expertise and support for research as well as help fund it. Members will have their own website. We hope they will

contribute to our newsletter. And they will have free places at our seminars and webinars. Anybody who wishes to join as a member should contact Dave Long at administrator@crimeinmind.co.uk

The initial membership fee has been set at £42 per annum (£40 by direct debit) and at £20 for the unwaged.

The pandemic prevented us from having an inaugural meeting, but we are now able to plan public facing event. Lord Keith Bradley, who has already done so much for knowledge, research and practice in this field, through his 2009 independent review and its 10-year follow-up, has kindly taken an interest in our work and has offered to host a lunch for Crime in Mind at the House of Lords.

Our website has been upgraded by Dave Long and we urge all who are interested in our work to view it and make suggestions for improvements. We are happy to consider material for inclusion on the website and/or in the Newsletter. www.crimeinmind.co.uk

It is obvious that fundraising remains our most urgent and difficult priority. Our activities will be limited until we have a steady flow of income. This objective is closely followed by our need to secure more involvement from younger academics, trainees and undergraduates across all relevant disciplines. Everyone who has contributed to our webinars has generously given their time freely. We are so grateful to them.

Finally, a reminder that we are currently offering a small amount of seed-corn money to support the development of new research, particularly for people who are also seeking to build research skills. Up to £1000 will be available to each of two successful applicants/applicant groups for preliminary or preparatory work to inform substantive research into a topic relevant to forensic mental health service provision. We are open to applications until the end of November.

John Gunn

Our research projects

Crime in Mind is seeking to support development of new research.

The call for applications for support for people who want to build research skills and the deadline for applications closed on 30th November 2022.

Up to £1000 will be offered to each of two successful applicants/applicant groups for preliminary or preparatory work to inform substantive research into a topic relevant to forensic mental health service provision.

In addition to financial support, Crime in Mind will support dissemination and discussion of findings, for example through webinars and expert commentaries on the completed project.

We will inform of successful applicants in our next newsletter.

Women in the Criminal Justice System: Policies, responses and research need

Professor Pamela Taylor



The *All Party Parliamentary Group on Women in the Penal System*¹ was convened to increase knowledge and awareness around women in the penal system and push for the full implementation of the *Corston Report*² recommendations. The *Howard League for*

Penal Reform ended its administrative support for the Group with the publication of a report in July 2022³. The Group continues with support from the organisation *Women in Prison*.

Much of this work follows from the *Ministry of Justice's 2018 Female Offender Strategy*, with its main planks of:

- reducing the number of women entering the Criminal Justice System (CJS) by intervening earlier with support in the community;
- having fewer women in custody (especially serving short sentences) and a greater proportion of women managed in the community; and
- creating better conditions for women in custody, including improving and maintaining family ties, reducing self-harm, and providing better support on release.

Prevention of women entering the CJS has focussed on police responses, calling for:

- a more strategic approach to support women who come into contact with the
- police, whether as victims or alleged offenders
- Every police service to have a lead for women and that
- Police should receive training in gender and trauma-informed approaches and coercive control.

Although the number of arrests of women has fallen – by 5,677 since 2017/18 – even the *House of Commons Committee of Public Accounts*⁴ describes the delivery of the strategy as ‘disappointing’, regarding the pandemic as an insufficient explanation for the slow progress.

*The National Audit Office*⁵ makes clear a need for dedicated funding. More research is needed to inform best investment. Reducing entry into the criminal justice system is important, but for those who do come before the courts, what is most effective in safeguarding and prevention of reoffending? Community Sentence Treatment Requirements seem a potentially useful option⁶, but hardly any have been made when the need is for

secondary mental health care – so those women with serious mental disorder are most likely to lose out, as is the wider community and, for some, the unborn too⁷.

References

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2. www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf
3. APPG-on-Women-briefing-4-FINAL-2.pdf (howardleague.org)
4. <https://committees.parliament.uk/publications/22032/documents/164507/default/>
5. Improving outcomes for women in the criminal justice system - National Audit Office (NAO) report
6. <https://www.essex.pfcc.police.uk/wp-content/uploads/2022/07/Multisite-Report.pdf>
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National lack of secure hospital inpatient provision for women with Intellectual Disability and Autism

Dr Rachel Proctor

There has been a significant reduction in the number of Intellectual Disability and Autism Secure beds across the UK in recent years. This is part of a wider picture of inpatient care for individuals with Intellectual Disability and Autism (ID/A). Between 1988 and 2015 the number of intellectual disability beds in the NHS reduced dramatically, from approximately 33,000 to about 2,500 (NHS England *Building the Right Support*. NHS England, 2015(<https://www.england.nhs.uk/wpcontent/uploads/2015/10/Id-nat-imp-plan-oct15.pdf>)). In the wake of the Winterbourne View scandal, NHS

England pledged in 2015 to move 35-50% of people with a learning disability and/or autism out of hospitals and into community-based support by March 2019, thereby further reducing the number of patients in the remaining 2500 beds. However, this goal was not met and the deadline for closing half of these beds was moved to March 2024 ([‘Serious concern’ learning disability bed closure target will be missed again | Nursing Times](#)). Secure beds have not been exempt, and related to these broader closures have been the reduction in female ID/A secure beds.

There is a small, diverse cohort of women with intellectual disability and/or autism for whom there has never been appropriate local provision of inpatient services, despite this being clinically important. High rates of placement within the independent sector can impact on the length of stay and quality of care for an already disadvantaged clinical group for a number of reasons, including the likelihood that the individual will be placed far away from their home community and private sector facilities rarely make community service links. The historical reasons for this lack of appropriate service development are undoubtedly related to the small numbers and the need for high staff levels, which leads to increased costs.

Clearly it follows that there must be an additional burden on community services given the number of ID/A bed closures however it is not known whether the money save from these bed closures was funnelled into resourcing this population’s needs in the community. In addition, the bed reduction means that there are waiting lists for the few ID/A beds remaining. Those areas of the country without local beds then have to find out of area beds which are often prioritised for local patients. As a result, there is an increasing frequency in these women being cared for on generic medium secure units, defeating the whole purpose of closing the ID/A beds, the aim of which has been to facilitate care for those with ID/A away from the potentially detrimental environment of a ward.

My involvement in a recent service review of these women within a sector of London has made it clear that there is limited research on the needs of this small cohort of women. If they are going to be managed within generic medium secure settings, likely to be even less able to meet their needs than ID/A specific wards, then the outcomes of such care needs to be interrogated. The repercussions of placement of ID/A individuals within generic services need to be closely examined if we are to avoid future scandals similar to those which have precipitated the current reforms.

*Dr Rachel Proctor, ST5 Forensic Psychiatry Trainee,
North London*

Reflections on working with women with Intellectual Disability and Autism (ID/A) in generic secure wards

Dr Paul Simon Williams

Having been asked to reflect on my experiences as a consultant forensic psychiatrist working with female ID/A patients in a generic medium secure unit for the past 12 months, I would describe the experience with the time tested adage of ‘challenging and rewarding’. In preparing our ward for this, the staff received training from ID/A specialists which continues, on an intermittent basis. I attended a services forum highlighting good practice. Challenging aspects of working with ID/A patients include responding and meeting the requirements of greater scrutiny for this group, such as wellbeing and Care and Treatment reviews. Service relationships with families can be complex and occasionally adversarial, influenced in part by families’ frustration at the historical (and current) lack of available resources for their relative.

As a generic medium secure inpatient team, there was criticism of our lack of specialism in ID/A though

this improved over time as we were able to include specialists from within our service more into regular and CPA reviews. Further challenges presented at Manager's Hearings and Tribunals where detention for ID/A diagnoses was questioned even when we could show that the patient was not ready for discharge - both on received policy grounds and because our credentials for making clinical judgements about this group were regarded as questionable despite our supplementary training and liaison work. A considerable challenge has been managing the mix of generic and ID/A patients on the ward, in particular when risk has presented to others and also in relation to the extra time needed in the clinical approach to ID/A patients, leading other patients to feel excluded. There can be a further challenge of the ID/A patients being vulnerable to bullying.

In terms of rewards, the ward and MDT team have built up many skills, in the course of a year, in meeting the needs of ID/A patients. This has included use of Positive Behavioural Support Plans and Sensory Inventory. We have learnt much about the need to modify environment and how to maximise patient involvement in their care (e.g. making use of written communication in addition to verbal). In a relatively short time, the team have become much more confident in meeting the needs of this group.

In summary, it has been an eventful year working with ID/A patients on a generic medium secure ward. To make it as successful as possible, resource including time and training is required along with regular input from ID/A trained staff. Good outcomes for patients can be obtained though this would require objective measurement for comparison with specific ID/A secure wards, not that these presently exist for women.

Dr Paul Simon Williams, Consultant Forensic Psychiatrist, North London Forensic Service



Access to physical health interventions for women in secure services

Dr Ellen Camboe

The gap between mortality in patients with severe mental illness (SMI) and the general population is widening and is particularly apparent in women¹. This trend is exaggerated in specialist mental health service populations, demonstrated in a recent study with Scottish forensic patients over a 20 year follow up, showing that women died on average 24 years prematurely. This is an even worse picture than for men in secure hospitals who die, on average, 15 years before men in the general population².

Despite this, physical health monitoring and screening programmes are far too often not a priority in the day-to-day running of a women's forensic mental health ward. Where there is a focus on physical health, there are often barriers in accessing adequate and equitable care³. For instance, many long-term patients are not routinely invited for breast cancer screening as they are often not registered with a local GP practice. This is despite women in forensic patients being high risk for breast cancer (due to high rates of obesity, smoking, and antipsychotic induced hyperprolactinaemia)⁴.

Our Seminars

Future Seminars:

Research into the vulnerabilities in the Chemsex Culture

Dr Andrew Forrester, Dr Brad Hiller and others
January 2023, date and time to be confirmed

Previous Seminars can be accessed by members on the website:

Consequences and needs after miscarriages of justice.

Led by Dr Adrian Grounds, speakers were Sophie Ellis, Institute of Criminology Cambridge, Michael O'Brien and John Kamara survivors of miscarriages of justice, Shona Mason, Centre for Criminology, Oxford, as well as Adrian himself.

Responding to the needs of Older people in the Criminal Justice System: Research priorities.

Led by Dr Janet Parrott

Recovery in Forensic Mental Health: given by Professor Lindsay Thomson and colleagues from Edinburgh University and the Forensic Mental Health Managed Care Network in Scotland.

Mental Health Research in Prisons: given by Rachel Daly of Oxleas NHS Foundation Trust, Andrew Forrester of Cardiff University, Huw Stone Specialist Member of the Parole Board, Pamela Taylor, Cardiff University and the late Tim Kirkpatrick, Manchester University

Research into supporting those with Autistic Spectrum Disorder in the Justice System, given by Heidi Hales, North West London Forensic Child and Adolescent Mental Health Services, Alexandra Lewis, Clinical adviser to the Children & Young Person's Health & Justice workstream at NHS England & NHS Improvement and Alice Siberry, Specialist Neurodiversity Criminal Justice Consultant for the charity Creased Puddle.

The same is true for other cancer screening programs such as colon cancer screening and cervical screening. There is an additional concern that women who have history of sexual assaults are less likely to engage in cervical screening when it is offered⁵. Anecdotally, physical examinations and investigations may also be difficult in the context of historic sexual abuse.

Advocating for equitable access to screening programmes and physical health care for women must now become a priority for those working in forensic services. Inaction and complacency are no longer an option and will require examination of the systems in which we are working and consideration of the trauma that our patients have experienced.

Dr Ellen Camboe, CT psychiatry and research fellow

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- 1) Anne Høye, et al., Increasing mortality in schizophrenia: Are women at particular risk? A follow-up of 1111 patients admitted during 1980–2006 in Northern Norway, *Schizophrenia Research*, Volume 132, Issues 2–3, 2011, Pages 228-232, ISSN 0920-9964, <https://doi.org/10.1016/j.schres.2011.07.021>.
- 2) Rees, C., & Thomson, L. (2020). Exploration of morbidity, suicide and all-cause mortality in a Scottish forensic cohort over 20 years. *BJPsych Open*, 6(4), E62. doi:10.1192/bjo.2020.40
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- 5) Cadman L, Waller J, Ashdown-Barr L, et al. Barriers to cervical screening in women who have experienced sexual abuse: an exploratory study *Journal of Family Planning and Reproductive Health Care* 2012;38:214-220.

by Dr Ellen Camboe, Academic Clinical Fellow, East London NHS Foundation Trust

How you can help

Research can transform lives. We want to support discoveries about what helps people with mental disorder who have been victims of criminal behaviour, or perpetrators of criminal behaviour, and their families, and the clinicians and others who treat them and, indeed, the wider community when its members are in contact with these problems. More effective prevention is the ideal, when this is not possible, we need more effective, evidenced interventions for recovery and restoration of safety.

We are very grateful for any donations to assist us in this mission. Donations help us to fund research projects and educate policy makers and communities.

Donations can be made to the Charity via the link below and can be a one off or regular payment.

As a charity we would welcome donations however small. Please donate at <https://cafdonate.cafonline.org/3520#!/DonationDetails>

For details on joining Crime in Mind please visit our website at <https://www.crimeinmind.co.uk/>