Crime in Mind: 3rd Research Theme Seminar 13/04/2018

Mental disorder and offending among children, adolescents and young adults: turning around troubled young lives

If we don't know how to help to make young people safe from crime, we will have ever more misery across society - and more adult offenders.

This seminar, hosted by East London NHS Foundation Trust and convened for *Crime in Mind* by Heidi Hales, heard that young people report liking research participation. They see it giving them a voice, developing their skills and often empowering them.

Research may have early impact – hearing consistently through the Howard League's participation work that young people dislike being labelled 'youths', the Sentencing Council now calls them 'children and young people'

Research can help us give up false premises – even troubled young people have a practical concept of what 'home' should be; **troubled young people don't simply want 'rehabilitation' or 'resettlement' – they want change.**

Much good evidence of pathways into and out of crime is from information collected over tens of years, with cohorts of people defined only by their place and year of birth, or schooling. Two main pathways are recognised – onset of antisocial behaviours in early childhood, which tend to persist, and onset during adolescence, which tend to be over before 25-30. Both groups may need a lot of social input, the former is more likely to need medical input.

Models of good practice have emerged in both social/criminal justice and health care systems. Some have been approved by service users and providers alike. They are rarely, however, evaluated in appropriate trials. Early experience in the USA showed how important this is, when a psycho-social intervention for young 'delinquents', liked by the young people and professionals alike, was found, on full evaluation over time, to have some seriously harmful correlates.

Government and third sector bodies must be convinced of the need for full evaluation of new interventions. Government, research councils, philanthropists and all others involved must help fund such work.

Speakers: John Gunn, Heidi Hales, Julie Withecombe, Harry Austin, Gwen O'Connor, Laura Janes, Caroline Drummond, Sarah Argent, George Raywood-Burke, Barbara Maughan, Pamela Taylor.

About Crime In Mind:

Crime in Mind aims to change lives through research. Most people with mental disorder who commit crimes have had very troubled lives. Sometimes this sets up a vicious circle of harm.

This much is known. We need solutions.

Registered Charity No. 1155395 Website: www.crimeinmind.co.uk
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Facebook: https://www.facebook.com/CrimeInMindUK/

Crime in Mind

News and events

Applications are invited for a small grant to support a systematic literature review on Homicide Followed by Suicide.

The deadline for applications to crimeinmind2013@gmail.com is 31st October 2018

The research themed seminar programme will continue with a forthcoming seminar on ***Researching Extended Suicide***

Crime in Mind Membership

From 2019, a small charge will be made for membership of Crime in Mind, which will support free access to research themed meeting – on a first come, first served basis and free access to a member's section of the website which will offer viewing of slides and more detailed information from these seminars to supplement the brief summaries in the newsletter.

Chairman's reflections on a visit to Canada

In May, Pamela Taylor and I went to Ottawa for a forensic psychiatry conference. She had been asked to speak about *Forensic psychiatry: risk and recovery, resources and realism* – picking up many issues in *Crime in Mind's* research pathways theme. Our Canadian colleagues told us about their robust programmes of research into treatment of serious sex offenders, led variously by Paul Federoff and John Bradford – again a research theme endorsed. We were impressed by the extensive work under evaluation for indigenous peoples in prison. Hardly research quality evidence, but the question 'why can't we have this for white people too?' provided a nice twist.

All this reminded me of the complexity of forensic psychiatry. Pamela opened her talk with the definition agreed by a European group of forensic psychiatry enthusiasts – the Ghent group - who believe in both European and wider international collaboration in teaching and research: *Forensic psychiatry is a specialty of medicine based on a detailed knowledge of relevant legal issues, criminal and just civil justice systems, mental health systems and the relationship between mental disorder, antisocial behaviour and offending. Its purpose is the care and treatment of mentally disordered offenders and others requiring similar services, including risk assessment and management in the prevention of further victimisation*. People working in forensic mental health are good at engaging with hard-to-reach people with psychosis and, usually, other serious mental and physical health problems too. We have become good at further prevention of harm to others, particularly whilst people remain in forensic psychiatry care, but we are less good at primary prevention of harm to others. That is an important area for renewed research focus.

Another consideration is being sure that we work efficiently. Forensic mental health services are expensive. We need to be sure we are using the money to best advantage. By the same token, we need to be sure that cuts and alleged cost saving methods do not have expensive and dangerous consequences.

Mistaken economies becoming apparent lie in the 2013 cuts to prison services in the UK. In that year, frontline prison officer numbers were cut by 41% in publicly run prisons, 30% overall across England and Wales. By 2016 the death rate among prisoners there reached an all-time high, including deaths by suicide. Using the standard estimate of economic burden of each suicide of about £2.7 million, the cost in suicides alone across the country was thus over £2 billion. In addition, self-harm and violence rates escalated and the use of illicit substances in prison is higher than it has ever been. Changes in probation service provision have similarly proved so disastrous that the government has terminated the contract for the commissioned commercial providers.

The latest government initiative for saving money is to cut the £256,000 provided for CIRCLES – the community-based system, which we highlighted in the research themed seminar reported, to surround former sex offenders with the support they need not to relapse into offending. So, there is urgency for supporting an economic analysis of this change too. Maybe this is the only evidence governments actually use? **John Gunn, August 2018.**

Case Studies

It's obvious that when people with mental illness ask for urgent help they should get it? Often, they don't. Hard pressed services find reasons to reject them. Now senior judges are seeking reasons to punish mentally ill offenders rather than send them to hospital [*Vowles*].

We can't write about patients we know, but this story, from a report by Jeremy Laurance, Health Editor of *The Independent* newspaper 17/03/2006 captures a still relevant reality.

The mother of a man who killed four people in three days accused health and social services of ignoring her pleas during a decade-long struggle to get help.

His mother said: "Every time we asked for help for Daniel, or Daniel did himself, we were told we would have to wait for a crisis to occur before he could get the help he needed." She had written to one social services director "Does Daniel have to murder or be murdered before he can get the treatment he so badly needs?"

A jury rejected defence claims that he was suffering from paranoid schizophrenia and driven to his crimes by this, but the prosecution said he was a psychopath, who took extensive quantities of drugs and who "killed because of the callous, cold person he is".

After transfer to a high security hospital, he repeatedly tried to open his veins with his teeth. A consultant psychiatrist said: "I have never seen anyone bite himself with that ferocity. He allegedly had killed four people …. and we all felt there was one more left - and that was himself - and he would not stop until he had succeeded."

School photos reveal a handsome, all round high achiever, but he became disruptive and began using street drugs. For six months, diagnosed with schizophrenia, he did well in a medium-security hospital. Them for six years, until the murders, he stopped and started treatments, failed appointments and got conflicting diagnoses. Days before the killings, he was seen running naked through streets near home. His mother found the kitchen strewn with knives, but was told by his community mental-health team only to contact the local hospital if *she* felt in any danger.

After, on appropriate medications, his mother reported him much improved, although gaining weight – a medication side effect which patients dislike.

All this raises important research questions - we do not understand how illegal drug taking relates to the combination of mental illness and violence. Both treatment services and the courts would benefit from knowing more. Although it is rare for things to get as bad as they did for this young man and his family and his victims, we would be safer in this knowledge.

Do contribute what you can towards such research.

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