YOUTH CRIME & FORENSIC CHILD & ADOLESCENT MENTAL HEALTH SERVICES

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The long-awaited House of Lords meeting hosted by Lord Keith Bradley went very well and we had quite a lot of positive feedback.

There was one glitch however, the booklet we had prepared for the meeting didn't arrive in time so this meant a lot of hurried printing to get the agenda circulated. The lesson from this is don't rely on Hermes/EVRI, to deliver a parcel on time (see also Matt Rudd in the Sunday Times of 30th April). There are still a few copies of the booklet available, if you email us.

A relevant piece of news is that the Royal College of psychiatrists has a new President from July, Dr Lade Smith a forensic psychiatrist from the Maudsley Hospital. She says that she will make academic activity a priority. This is good news; we are not alone in the neglect which universities are showing towards medical science.

We hope you like the new look newsletter. It has an emphasis on development. If we are to concern ourselves with prevention of behaviour disturbances then it is childhood and adolescence we need to focus on and we are trying to include relevant research. We should all take note of Heidi Hales admonition to develop research groups which may help to cut through the overall shortage of funds. Gwen Adshead has given us some suggestions for caring for young adults in custody. These make obvious sense and very good topics for research programmes. Dr Janes tells us that local authorities do not comply with their duties towards children as well as they should and recommends further qualitative research on children's rights in mental health care settings.

You will also notice that we are hoping to include a regular feature of useful law reports for forensic psychiatry. Legal decisions can often lead to fruitful research ideas and we are grateful to Professor Rix for helping us with this.

Please keep you eye on the members website and do let us have contributions for the Newsletter.

John Gunn

Chairman

The state of research for adolescent forensic mental health

Dr Heidi Hales
Consultant Adolescent Forensic Psychiatrist
Medical Lead for Community Forensic Services

We are in exciting times for research into adolescent forensic mental health. The advent of routine video conferencing and face time has enabled easier networking between national and international colleagues such that we can develop research collaborations to learn from each other.

There is now an active 4Nations research group into secure welfare care across the United Kingdom, where there are now distinct practices across our devolved nations, which aid investigations of what works & for whom.

There is also an international research collaboration where the very different practices across jurisdictions worldwide enables informative discussions around meanings of security and restrictive practice and learning from each other about decisions in use of justice, welfare and mental health for young people in need of secure care.

Analyses and discussion around Minimum Age of Criminal Responsibility across jurisdictions also highlights historical differences in consideration of how to manage young people who commit crimes. It raises challenges for each country in future planning of services that are developmentally aware whilst understanding risk and the need to support victims.

Whilst there have been studies of the mental health morbidity of young offenders, previous studies have not considered neurodevelopmental disorders. The needs of young people with neurodevelopmental disorders being highlighted across many areas of work with young people in need, including in adolescent forensic mental health settings.

Now is the time to bring this together to enable us to work towards prevention and early intervention for the younger generation and support for those who have already come into contact with justice services.

There is still insufficient evidence about effective interventions for young people with risk behaviours. The advent of community forensic CAMHS Services in England and the FACTS service in Wales have led the way in providing an even coverage of community forensic services for young people but their main role is for consultation rather than intervention.

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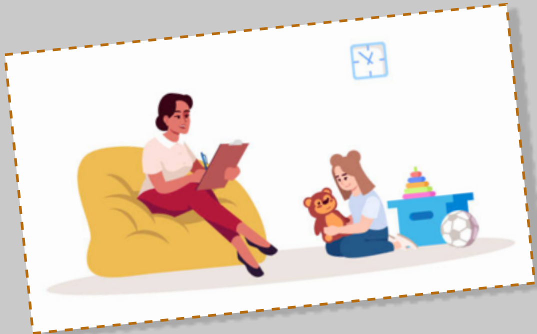
The state of research for adolescent forensic mental health *(contd.)*



There was (and still is) hope for MultiSystemic Therapy but the national evaluation study in England a few years ago, found MST to be no more effective than intervention as usual... Those in favour of MST argue that intervention as usual in studies may well have been better than usual because of the study and that the assessment was done early in MST application in England, before processes were fully embedded and efficient.

We have been left with a small network of MST services rather than national coverage and other services offering different multifocal interventions.

Noting that research is so much more enjoyable and effective if completed in teams and more likely to get completed - this is a call to arms for all 'would be researchers' to join adolescent forensic research collaborations across your region / nation and internationally.

Forensic Psychiatry Trainee Conference - 25th and 26th May 2023

This year's Forensic Psychiatry Trainee Conference took place at Worcester College, Oxford University. It had been fantastically led by **Dr Hector Blott, Dr Vishni Balakrishnan, Dr Christopher Lawrence and Dr Noura Al-Juffali.**

Professor Pamela Taylor was invited to talk about Crime in Mind (CIM) and its premises, including the vital importance of research and the need for new researchers in forensic psychiatry.

3 research projects were presented for CIM, and they were all incredibly promising. However, there could be only be one winner.....

Dr Gunjan Sharma presented her project on "**(Recalled) Restricted patients in acute, non-secure inpatient services; implications of Ministry of Justice Involvement**".

Dr Sharma wins a one year's membership of CIM. *Congratulations !*

You can find Dr Sharma's paper here: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/956CC12B0833C19AD4494889A0559179/S205646942100053Xa.pdf/managing-restricted-patients-in-acute-non-secure-in-patient-services-clinical-ethical-and-resource-implications-of-long-waits-for-a-response-from-the-ministry-of-justice.pdf

Worcester College, Oxford

BRAIN DEVELOPMENT & BEHAVIOUR IN ADOLESCENTS

Dr Enys Delmage

Consultant in Adolescent Forensic Psychiatry
Ngā Taiohi - National Youth Forensic Unit
Mental Health, Addiction & Intellectual Disability Service (MHAIDS)
New Zealand

Adolescence generally represents a phase of increased impulsivity and sensation-seeking behaviour[i] in tandem with a developing ability to empathise[ii] and a heightened vulnerability to peer influence[iii], all of which have an impact upon decision-making. Also of relevance to the commission of offences, adolescents often display an intensification of emotional processing in response to threatening or rewarding stimuli when compared with adults[iv].

As commented on by the Royal Society[v], the frontal lobes of the brain are the slowest areas to develop[vi], in contrast with the amygdala, the part of the brain responsible for reward and emotion-processing (which sits in the middle of the brain) – the fast phase of development of this region of the brain continues up to around age 25. The frontal lobes of the brain play a key part in various elements of cognition including judgement, empathy, consequential thinking, the inhibition of impulses and coherent planning. The imbalance of the stage of development of the frontal lobes and the amygdala has previously been thought to account for increased arousal and risk-taking behaviour in adolescence[vii] - the true picture is probably even more nuanced by the influence of the external environment and hormonal development triggers[viii]. The brains of children and adolescents are thus uniquely ill-equipped to engage in inhibition of impulses and contemplation of consequences which makes them particularly vulnerable to engaging in antisocial behaviour.

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Man's estate: when young people transfer to adult prisons and secure care

Dr Gwen Adshead
Consultant Forensic Psychiatrist and Psychotherapist

It is well established that a sub-group of young people persist in criminal rule breaking and violence from their late teens into their early twenties, which means that they may 'graduate' from youth custody into the adult estate.

There are also a smaller sub-group of young people who are detained in secure adolescent psychiatric care (often as a result of severe self-harm as well as violence to others); and they may also graduate to adult secure hospital having been in institutions since childhood.

Studies of young offenders growing up in custody suggest that exposure to childhood adversity contributes to the risk of becoming not only a repeat offender but one who perpetrates severe violence (Baglivio et al 2014; Fox et al 2015).

But neuroplasticity continues into the second and third decade, which means that imprisonment itself can become a source of adversity which may exacerbate the neurobiological effects of early adversity and compound the lack of psychological security which is commonly found in violent offenders (Ogilvie et al 2014).

A recent paper by Zheng et al suggests that many years afterwards, early detention in young adulthood may increase the risk of later non-fatal violence including the use of firearms by young men (Zheng et al 2023).

The pubertal process is associated with rapid and wide ranging changes in neuronal networks; this process is complex enough in securely attached young adults but is likely to be distorted by exposure to trauma and adversity in prison, such as bullying, fear, loneliness and further substance misuse. The provision of education, which is a protective factor in terms of attachment security and psychosocial development, is still, sadly ,falls short of the need.

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We need **a three - part approach** to caring for young adults in prison:

First, psychiatrists need to get used to dimensional concepts around both personality disorder and psychotic symptoms, and embrace the alternative model to personality disorder diagnosis set out in DSM5.

Secondly, we need to be supporting more group therapies of different kinds which allow young people to attach to a pro-social group, and learn to take their own minds seriously.

Thirdly, we need to help young adults in prison take an interest in keeping themselves safe, by teaching them to be compassionate towards their own distress.

Mentalising approaches to support for both prisoners and staff can help people to understand why they have chosen dysfunctional ways of managing distress in the past; and how they can care for themselves better. This means that all mental health professionals need to be able to offer person centred and reflective care, that might offer a psychological 'secure base' for recovery and rehabilitation.

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Legal issues for young people and young adults and what this may flag up for clinicians and researchers.

Dr Laura Janes,

Consultant solicitor, GT Stewart Solicitors

The problem with the law is that it tends to galvanise around legal events rather than the person at the heart of the issue. This is especially problematic for children in forensic mental health settings. The principle of the best interests of the child means that children should come first. Their care should not be determined by the skills and interests of the adults around them. Yet this often exactly what happens.

The application of rights under the Children Act 1989 to children in secure forensic mental health settings has been sorely neglected. Many children will be legally "looked after" under the Children Act.

Even if they are not, many would qualify as "children in need" under the Children Act, and they would be "**any child**:

- **who** is disabled;
- **appears to be unlikely** to achieve or maintain a reasonable standard of health or development;
- **whose** health or development is likely to be significantly impaired, or further impaired;"

All children from the above categories would be *without* the provision of services by a local authority.

It is a very low threshold.

All too often, the focus on the duties under mental health legislation pushes Children Act rights into the background.

The law is clear that all rights operate subject to the requirements of detention and should continue to apply ***(R(Howard League for Penal Reform) v. SSHD [2003] 1 FLR 484).*** In fact, they are often critically important to discharge planning as the local authority will have a duty, alongside explicit duties legislated for those detained under one of the UK's mental health acts, to make provision for children to whom they owe a duty.

Mental health practitioners have often struggled to get local authorities to comply with these duties in a timely way. Research has shown that knowledge of children's rights under the Children Act 1989 is poor, when compared to the knowledge of people's rights (aged 16 and over) under the mental health legistation (Mears et al, 2000[1]).

Further in-depth qualitative research on children's rights in mental health care settings could pave the way for greater adherence to these duties. It may also indicate a need for specialist education on children's rights for advocates, in-patient social workers and psychiatrists working with children in forensic mental health settings.

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Professor Keith JB Rix

Consultant Forensic Psychiatrist
Expert Wtiness Evidence Ltd.

Useful cases in Forensic Psychiatry

S, Re (A Child: Findings of Fact) [2023] EWCA Civ 346
https://www.bailii.org/ew/cases/EWCA/Civ/2023/346.html

Experts who report in family or criminal cases will be familiar with 'Achieving Best Evidence' interviews of witnesses but may be unfamiliar with the principles so this judgment includes the useful summary by Lord Justice Baker in an earlier case.

They are principles that can also be considered when assessing the reliability of police interview evidence. There are also some useful tips for interviewing in general.

Modi v Government of India [2022] EWHC 2829 (Admin) https://www.bailii.org/ew/cases/EWHC/Admin/2022/2829.html

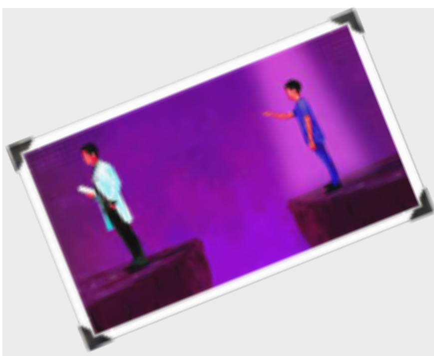
The difficulty that psychiatrists have with the concept of someone's mental condition being such that it removes their capacity to resist the impulse to enact suicide does not previously seem to have attracted judicial attention in the way that it has done in this extradition case.

The court did not accede to leading counsel's request to excise it or rewrite it, but it has provided what may be a useful guide to the meaning of the terminology.

So, Turner proposition (4) **('The mental condition of the person must be such that it removes his capacity to resist the impulse to commit suicide, otherwise it will not be his mental condition but his own voluntary act which puts him at risk of dying')** should be read in a common-sense, broad-brush way giving full effect to the question whether the act of suicide would be the person's voluntary act.

'Impulse' in this context can be given the lay meaning of "*compulsion*", "*wish*", "*desire*" or "*intentions*" but no one term is to be preferred over others.

"**Capacity**" in this context is synonymous with "*ability*" or "*capability*" and it does not import the provisions or workings of the Mental Capacity Act 2005.



The Split System of Secure Mental Health Care for young people

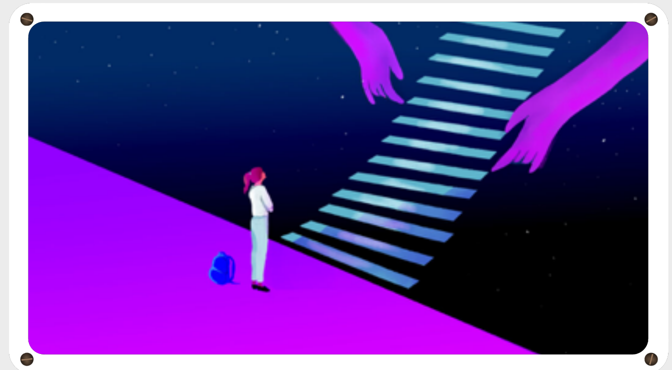
Dr Mindy Reeves, **ST8 Dual Forensics CAMHS Psychiatry Trainee**
Dr Holly Wolton, **ST8 Dual Forensics CAMHS Psychiatry Trainee**

The 60 secure units for children and young people in Great Britain are not distributed equally across England, Scotland, and Wales which can lead to young people being detained in locations that are far from home. These distances cause challenges for family members and professionals that want to visit the young person. The inability to have contact with family often causes a negative impact on the young person and their family. There can also be difficulties when making arrangements for the young person to attend Court. The units are run by different organisations including the NHS, private hospitals, local authorities, and charities which can led to each service providing a different package of care.

There are different acceptance criteria dependent on the unit. Some units have mixed gender populations but there is still variation in the arrangements of shared living spaces and educational areas. There is not currently a national policy regarding the placement of young people who identify as transgender or pregnant females.

There is a lack of secure beds available for young people with neurodevelopmental disorders and eating disorders.

Young people in secure settings deserve to receive the same care and treatment that they would receive in the community or general adolescent psychiatric units. They should also have access to education. The differences in secure settings across the United Kingdom make it challenging to offer equitable care planning for each child or young person as not every unit will be able to provide the indicated treatment or intervention.



Research will help to identify the gaps in the system. An international group of professionals has gathered information from 10 different countries to compare secure placements around the world (Souverein et al., 2022). The data which was comparable to UK findings showed multiple variances in these services. Further research is needed to promote discussions between provider collaboratives to ensure that the appropriate services are provided for children and young people within the secure setting. Children, young people, and their carers should be given a voice so that they can advocate for themselves, in order to achieve optimal care and outcomes.

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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.

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