

## Conference reports

### Research and Practice in Forensic Psychiatry\*

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It is not always easy to distinguish the mentally disturbed offender from the healthy criminal. Although society may support the notion of exiling deviants from the community, it is the psychiatrist's responsibility to identify a mentally abnormal offender within a forensic setting and then see that such a person gets the right treatment.

The fate of people suffering from schizophrenia who come to the attention of the police is unpredictable. On the one hand they may go directly to the local mental hospital, but alternatively, they may find themselves going through the judicial system and spend months on remand. Work in the '70s has shown that almost one in ten of the remand population suffer from untreated schizophrenia.

The Home Office is currently backing a study of convicted offenders. So far, researchers have found that of the two small subgroups of female and juvenile male criminals, 2% have functional psychotic illnesses. Similar levels of illness in the much larger adult male prison population would mean at present there are 600 people with severe untreated mental illness serving sentences in prison. Many more convicted offenders have other less disabling psychiatric disorders. Among youths, researchers have found the most common diagnosis is personality disorder. Some of these individuals have had treatment before and over half are asking for it now. A quarter of female offenders have previously harmed themselves, one-fifth of them having made serious attempts to commit suicide.

Over 25 years ago, staff at HMP Grendon pioneered psychological methods of treating inmates. They set up a self-contained therapeutic community within the prison aiming to modify a prisoner's deviant behaviour. This therapeutic community handles a difficult group of men: offenders with a diagnosis of personality disorder who have often committed violent and/or sexual crimes leading to sentences of three years or more. The two regimes of prison and therapeutic community might appear to be diametrically opposed, for prisons are hierarchical structures run according to explicit non-

negotiable rules, unlike self-regulating therapeutic communities which try to foster personality development.

Investigators are now examining how power is exercised in making decisions at Grendon. Surprisingly often, prison and therapeutic community are in agreement about the individuals they can handle on this special unit. The offender must be able to take responsibility for his crime and admit that his behaviour was socially harmful; and he must have the motivation and aptitude to change. If an offender challenges assumptions underlying commitment to the therapeutic community, then a joint decision will be made in the interests of that community that he should go. In particular, both prison and therapeutic community have a low tolerance of violence. However there may be less agreement over other areas of deviant behaviour such as the possession of cannabis, which the community may not always recognise as harmful. Ultimately, when such conflict in decision making does arise, prison power wins out over the therapeutic community.

Some workers are also looking for predictors of deviant behaviour. The Cambridge delinquency development study has been following up 400 mainly white, working class, inner city boys from the age of 8 for over 25 years. During this time criminologists have interviewed subjects, their families and other contacts, as well as searching records. They have recently completed their eighth face to face interview with 360 of their original population. They have revealed a high degree of continuity in anti-social personality; a deviant 8 year-old is unlikely to improve his behaviour. Over 70% of subjects have been convicted by the age of 20. Now at 32, these men are more often social failures, unemployed, live in poor conditions, have difficult relationships, abuse substances and score as cases with the GHQ.

Criminologists are hoping that it may be possible to intervene and arrest the cycle of deprivation and subsequent delinquency. They know some of the factors in an 8 year-old's social circumstances which predict delinquent behaviour. By offering preschool intellectual stimulation and parent training, the researchers hope to reduce future problems.

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