



The State Hospital

The Future of Services for People with Personality Disorder



Personality Disorder and Offenders in Scotland: a time to change our practice?

Report of the Working Group on Services for People with Personality Disorder

Forensic Mental Health Services Managed Care Network



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The Future of Services for People with Personality Disorder



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Terms of Reference

- To consider the assessment and management of individuals with personality disorders who present a real risk of physical or psychological harm to others and who come into contact with criminal justice system or are likely to come into contact with the criminal justice system.
= Forensic Personality Disorder
- To describe services currently available to Scotland for this group.
- To describe treatment strategies currently used in Scotland with this group.
- To make recommendations regarding the development of services and strategies, including staff training, for this group.

Background: Prevalence of ASPD

- General population 2-3%
- Prison population 80%
- State Hospital
 - primary diagnosis 5.4%
 - secondary diagnosis 27-42%
 - psychopathy : PCL-R 30+ 0%
: PCL-R 25+ 15%
- ISD 5.1% of discharges in 2000 primary or secondary dx

Background: Current Practice

- Do **not** admit individuals with a primary diagnosis of personality disorder to forensic psychiatric units.
- Community forensic mental health services - rudimentary.
- Most forensic psychiatrists - a small cohort of outpatients with a primary diagnosis of personality disorder.
- Offender + Primary Personality Disorder → Prison / Y.O.I.

Background: SPS

- Identify problem behaviours and needs
- 3 principal structures:
 - Sentence Management
 - Risk Management groups
 - Mental Health teams.
- CBT interventions - focus on violent behaviour and sexual offending behaviour

Background: Serious, Violent & Sexual Offenders

- Maclean Committee 2001
- Risk Management Authority
- Risk Assessment Order
- Order for Lifelong Restriction
- Emphasis on offence and risk, rather than on a diagnosis such as psychopathy or severe personality disorder.

Background: England and Wales

- Rejection of personality disorder as a diagnosis of exclusion
- Multiagency Public Protection Arrangements
- Significant investment by the Department of Health and the Home Office: pilot services for people with personality disorder in general psychiatric and forensic services including pilot community forensic personality disorder services and five inpatient forensic personality disorder units.
- Dangerous and Severe Personality Disorder - 4 DSPD units:
- HMP Grendon - therapeutic community

Survey of Services for People with Forensic Personality Disorder in Scotland

- 7 implicitly exclude people with a primary PD Dx from admission
- 7 assess people with a primary diagnosis of PD
- 8 use multidisciplinary and 10 comprehensive methods of assessment
- 4 use structured clinical tools for the assessment of PD
- 6 services did not accept people with a primary diagnosis of PD for specific intervention, treatment or management, 4 services did not accept people with a secondary dx
- No reliable figures

Survey of Services for People with Forensic Personality Disorder in Scotland

- Access to services appropriate to people with PD:

Drug and alcohol services	10
Cognitive behavioural therapy	9
Individual psychotherapy	6
Dialectical behaviour therapy	2
Specialist interventions	4
- Training requirements were identified in particular for developing case formulations and employing evidence based interventions.

Recommendations: General

- Personality Disorder should not be a diagnosis of exclusion from Forensic Mental Health Services
- Services for people with personality disorder should be provided given the frequency with which they are found in the criminal justice and mental health systems in Scotland.
- Data collection systems should be improved to provide accurate information on forensic personality disorder for service planning.

Recommendations: Assessment

- All forensic mental health consultations
- Case formulation
- Personality Disorder
 - Clinical assessment based on ICD-10 or DSM-IV criteria
 - International Personality Disorder Examination
 - Psychopathy Checklist-Revised or Screening Version
- Mental Illness - Clinical ICD-10
- Risk of Violence - Historical Clinical Risk 20
- Risk of Sexual Offending - Risk of Sexual Violence Protocol
Risk Matrix 2000

Recommendations: Management

- Some evidence
- Accreditation criteria
- Problem behaviour focus

Recommendations: Community

- Risk sharing
 - MAPPA style
 - Risk Management Authority
- Criminal Justice Social Workers – pilot

Recommendations: Inpatient Services

- No change to current clinical practice
- Comorbidity – services
- State Hospital – no more new cases
 - interim compulsion order
 - hospital direction
 - automatic review of prisoners before expiry of sentence
 - similar options for Northern Ireland

Recommendations: Inpatient Services

- Service for State Hospital patients
- Specialist team for resettlement
- Scottish Criminal Cases Review Commission

Recommendations: Prison

- Pilot prison and mental health team
 - detailed assessments of problematic prisoners
 - to develop management plans in conjunction with the prison's Risk Management Group

Recommendations: Training

- Training and supervision are essential
 - A change of culture
 - The development of a competency framework for practice
 - The development and use of robust risk management procedures

Specific training programmes should be created for the pilots recommended and at the State Hospital. The training programmes should subsequently be rolled out to all forensic mental health settings in Scotland.

Summary

- Staff engagement
- Sharing of Risk
- Public safety