

# The Forensic interface with the PICU

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# Difficulties, misunderstandings, acting out and falling out

- Forensic services - “rigid, antagonistic subdivisions... hostage to a debate between liberalism and coercion that shows no sign of resolution”  
(Turner and Salter 2008)
- The response- “patients and problems at the interface of law and psychiatry”  
(O’Grady 2008)
- It’s trapped in a medium secure juggernaut – oblivious to general psychiatry, prisons.....

(Wilson et al 2011)



# They're wrong

It's much more useful and  
more flexible than any of  
these suggest

(Whittle – now)

# PICU

- Acute behavioural disturbance
- People diverted from and by criminal justice system\*

(Beer et al 1997)

- PICU : “patients compulsorily detained, usually in secure conditions, who are in an acutely disturbed phase of a serious mental disorder.....length of stay.....would not ordinarily exceed 8 weeks...” \*\* (DoH 2002)

# PICU patients

- Male,
- Mid 30's
- Unemployed
- Few relationships
  
- High rate chronic psychosis (80% including mania and drug induced),
- Only 19% had no substance abuse Hx
- PD 5%
  
- Violence to person 79% - to property 66%
- 40% self harm
  
- 9% on Part III MHA
- 6% admitted from CJS

(Brown et al 2006)

# Forensic PICU

- 1994-8 (n=73)
  - Male, single, 33
  - Part III MHA 66%
  - Psychosis 77%,
  - Substance abuse, PD 52%
  - 47% threatened or actual assault;  
14% self harm;  
8% arson; 7% sexual behaviour
  - 5/73 admitted x2
  - 10% admitted - lack of beds elsewhere/ physical care needs
  - 12% transferred to maximum security
- 2006-7 (n=24)
  - Male, single, 32, unemployed
  - 63%
  - 79% schizophrenia spectrum
  - 75%
  - 65% threat of violence; 32% actual  
39% verbal threat
  - 7/24 admitted x 2

(Dolan et al 2001)

(Yasmi 2010)

# “Forensic” patients in PICU

- 2003-4; London; 17 months
- 54% Cat B - PICU
- 23% Cat A - PICU

- 34% from Cat B - MSU
- 54% from Cat A - medium security

- Only 20% transferred within 1/12,
- 42% > 3 months,
- 10% > 6 months

(Forrester et al 2009)

- 2005-6; 12 months
- 59% Cat B - PICU

- 33% MSU
- 7% general ward
- 1 patient - max secure

- Reduced transfer delays from 77 to 53 days

(McKenzie 2008)

# Complexity

- High levels of morbidity
- Multiple diagnoses
- Risk .....
- Treatment resistance
- Legal complexity
- Resource difficulties



## Personnel (PICU DoH 2008)

- Multidisciplinary
- Well trained
- Well motivated
- User/carer centred
- Responsive to feedback
- Good, consistent leadership
- Well managed
- Clear lines of communication vis a vis referral and discharge\*
- Widely adhered to criteria for admission and discharge\*

# PICU/Forensic: how much do we have in common ?

- Demographics
- Psychiatric and other complexity
- Personnel
- Context
- Resource difficulties

## A suggestion

- Forensic psychiatry – an interest in delinquency and perversion (and risk)
- An interest in prisoners
- An interest in the Criminal Justice System
- A different timeframe

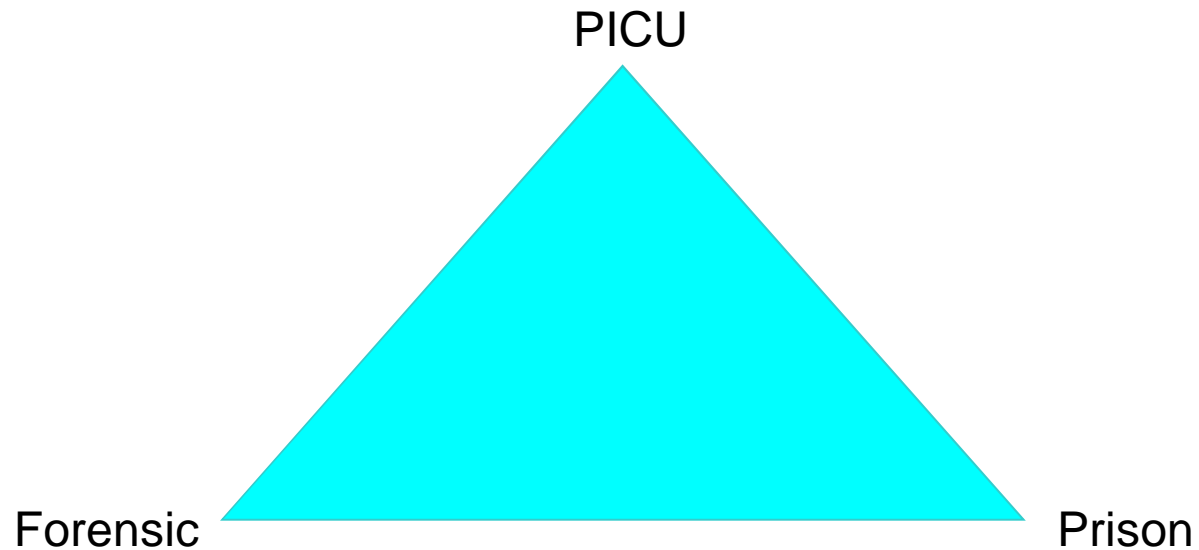
# An interface

- There is a difference somewhere
- That the parties can meet and relate (or not)
- That the relating/relationship can be useless, harmful or beneficial
- It can be static or fluid
- It can change

# What can forensic psychiatry bring to the table?

- A risk assessment
- A second opinion
- A move
- A link with the Criminal Justice System\*
- A mutually beneficial relationship\*
- An angle\*

# The East London experience



# Where to focus?

- (1) Focus on delinquency and perversion (and risk)
- (2) Focus on the CJS and security aspects
- (3) Improve the lot of prisoner patients

# Where to focus?

- Communicate – use all the resources of the modern age
- Cut down the bureaucracy
- Cut down the number of assessments
- Speed up the necessary ones
- Speed up the CJS aspects
  
- Reduce “interface toxicity”