

Family Court Expert Witnesses: The Consortium of Expert Witnesses to the Family Courts is a virtual group of experts from all disciplines who report to the Family Courts. Members have given evidence at Parliament, and we regularly make submissions to Government and the Judicial system, including the recent consultation about the length of expert reports. Join with us and make your views heard. Send an email to judifree@jarndyce.net with your name and details to join the mailing list



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How HMP Feltham Young Offenders Institution became the world's first autism-accredited prison



ADOLESCENT FORENSIC PSYCHIATRY SPECIAL INTEREST GROUP

AFPSIG meeting minutes of 8/8/16



DEAR ALL AFPSIG MEMBERS

*HEIDI HALES, AFPSIG CHAIR, CONSULTANT ADOLESCENT FORENSIC PSYCHIATRIST
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This 3rd newsletter is our opportunity to update you on the activities of AFPSIG over the last 3 months. We had a great AFPSIG meeting at the Forensic Faculty meeting up in Glasgow. The main theme was frustrations with transitions – especially in the forensic LD communities, though we are all experiencing frustrations with child to adult transitions. These discussions have lead to some of the discussion articles below. We also held our AFPSIG annual study day. This year we had two themes – one stream about child witnesses and the other about ADHD in complex settings. Our original plan had been to run both streams across the day but initial low booking figures gave us cold feet and so we put child witnesses in the morning and ADHD in the afternoon. In fact we needn't have worried, the day was very well attended; we should have known that everyone books late! Thank you so much to our organising team – Nick Hindley, Ollie White, Paul Monks, Suzanne Coghlan and CALC. We have started planning next year's study day and are considering topics about gangs, managing severe conduct disorder in young children, issues of community forensic CAMHS and / or youth justice liaison and diversion, prison and court reforms. If you are interested in helping us to arrange this please contact me. We've responded to a couple of consultations – meeting with the European Council of Europe Committee on the Prevention of Torture and Inhuman / Degrading Treatment or Punishment and written responses to the Scottish review into age of criminal responsibility and the Lammy review on BAME representation in the Criminal Justice System. Personally, I am very keen that we as AFPSIG group together to have a voice to represent our service user group and their needs. Therefore please do contact us if you come across a consultation you think appropriate for our clinical experience to be used to provide a group response. You would be very welcome to lead on that response with the support of our consultation group. As always – please contact me if there are any issues you would like to be raised by AFPSIG – for the next newsletter in the Autumn, in meetings or for discussion. We will have a meeting at the C&A / Adult faculty meet, so look out for us there. And, as always, many thanks to our Exec for all their hard work especially Ollie and Cesar as our faculty links, Ollie our finance officer, Enys, Cesar and David our consultation group and Waleed our newsletter editor.

EXECUTIVE COMMITTEE

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TRANSITION @ 18

LAXMI KATHURIA, CONSULTANT CHILD AND ADOLESCENT FORENSIC PSYCHIATRIST, FCAMHS GLASGOW

I was recently asked by a colleague working in another area of CAMHS what the “problem” was with transitioning Forensic CAMHS cases to adult services. It is perhaps a mirroring of my own learned helplessness that I simply smiled and said “welcome to our world!”

Adolescent forensic psychiatry cases seem to generate a fear and rejection unlike no other sector in CAMHS. There is perhaps projection of the anxiety around risk or the knowledge that these cases will be inherently complex and require a lot of time. There will also undoubtedly be the consideration of whether a service can cope with the level of risk posed. However, the issues with transitioning do not seem specific to FCAMHS or to Scotland.

The Risk Needs Responsivity model intimates that those with higher levels of risk should receive more resources. The strength and recovery based Good Lives Model also indicates the requirement for a holistic, patient centred and robust care plan. The young people I look after have more often than not, experienced high levels of childhood adversity, socioeconomic deprivation and general disadvantage. They are caught up in systems encompassing health, social work, education (or the lack of) and the criminal justice system. It becomes even more complicated if they require a period of inpatient care. Generic adolescent units are not equipped to deal with the actual or potential risk and adult IPCUs are very inappropriate settings. We do not have adolescent specific IPCU/low/medium secure care in Scotland and shipping a young person hundreds of miles to Newcastle or Northampton is not acceptable but it is often a necessary step. What ensues at 17.5 years can only be described as a chaotic and stressful experience for all.

This time last year I had a 17 year old male with a diagnosis of schizophrenia. He was admitted into medium secure in England. The consultant referred him back to Scotland stating that he no longer required medium secure care. He was deemed “too risky” for an open adolescent ward but “not risky enough” and too young for the patient mix in adult forensic care. He was brought back to a private low secure provider in Scotland with an expectation that he would be assessed by general adult colleagues for transition of care. This young man is psychologically and physically stuck due to a lack of agreement about which service should manage his risk. He is approaching 19 and remains in limbo in hospital.

There is also a lack of practical agreement between services regarding the timing of transition. 17.5 years is often deemed too early in the process but I have also been advised that “an episode of care” needs to be completed (especially if the young person is in hospital).

My frustrations here are felt for and on behalf of all the patients I look after. I understand that there is a lack of resource across every service and that the management of complex cases can be daunting. However, I would like to see a future where there are agreed plans for transitioning high risk adolescents to adult services and where there are agreed guidelines on acceptable levels of risk between the divisions of adult services. We have to work together to provide hope, opportunity and seamless care for young people whose lives have already been destabilised and derailed. If we work together we can collectively manage our anxieties and learn from each other.



FITNESS TO PLEAD

ENYS DELMAGE, CONSULTANT IN ADOLESCENT FORENSIC PSYCHIATRY, ST. ANDREW'S NORTHAMPTON

The Law Commission published a report on Fitness to Plead on 13th January 2016 making a number of recommendations for changes to the law. Included in this were recommended changes to the wording taken from the Pritchard (1836) case and a move towards “capacity to effectively participate” - the paper recommends a departure from solely focussing on intellectual ability and a wider consideration of mental disorder and other elements that might interfere with the defendant’s ability to engage, as well as removal of the need to understand the right to challenge a juror.

It also recommends an explicit and more detailed examination of decision-making capacity based on Mental Capacity Act (2005) criteria and a closer alignment with the standard of “effective participation” on an individualised basis. Effective participation differs from fitness to plead which, from the SC v UK case (2004), presupposes that the accused has a broad understanding of the nature of the trial process and of what is at stake for him or her, including the significance of any penalty which may be imposed.

It would mean that he or she, if necessary with the assistance of, for example, an interpreter, lawyer, social worker or friend, should be able to understand the general thrust of what is said in court. The defendant should be able to follow what is said by the prosecution witnesses and, if represented, to explain to his own lawyers his version of events, point out any statements with which he disagrees and make them aware of any facts which should be put forward in his defence.

The Law Commission also recommended that any decision on effective participation should take into account available assistance, plus “any other factor that the court deems relevant in that particular case”, as well as recommending a separate test of an ability specifically to plead guilty (even if otherwise unable to effectively participate), a requirement that the individual is able to understand the charges and evidence for them, as well as trial process and consequences.

Young people in youth court are often in a difficult position since disposal options are limited (with guardianship orders not available for those under 16 and with Section 37 only being available for imprisonable offences) – these recommendations, if taken up by the government, will go some way to redressing the balance and ensuring a more in-depth assessment of the young person’s abilities.

We would love to hear from you! Email feedback, suggestions, and articles to Heidi (heidi.hales@nhs.net) or waleed (waleedahmed@nhs.net)