

Institution: Liverpool John Moores University
Unit of Assessment: UOA20, Law
Title of case study: Improving The Commissioning and Production of Psychiatric Reports for Sentencing and The Training of Forensic Psychiatrists Through Good Practice Guidance
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>The underpinning research led to the production of good practice guidance for psychiatric reports for sentencing to be used by courts and forensic psychiatrists, when commissioning and producing such reports. It is the first and only official guidance on psychiatric reports for sentencing in England and Wales endorsed by HMCS. In 2010 it was implemented by HMCS in magistrates' courts and in the Crown Court in England and Wales. In the same year it received the endorsement of the Faculty of Forensic Psychiatry of the Royal College of Psychiatrists. The guidance has improved the language, structure and content of psychiatric reports for sentencing and it has enhanced the training of forensic psychiatrists. It has also influenced the production of psychiatric reports for the admission of mentally disordered offenders to high secure hospitals.</p>
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>The key LJMU researcher on this project was Professor Roger Evans (retired Dec 2010). Staff from a research consultancy organisation were also involved (TNS-BMRB Social Research). The Good Practice Guidance was produced by the above team in collaboration with Dr Claire Barkley, Medical Director, South Staffordshire and Shropshire Healthcare NHS Foundation Trust. The research was carried out during 12 months (from April 2009) and published in 2010. The guidance forms part of a programme of work by HMCS aimed at improving provision for mentally disordered offenders within the criminal justice system. This programme includes the development of mental health liaison court services and service level agreements with NHS Trusts for the provision of psychiatric reports. The research took place at the time of the Bradley Review of people with mental health problems or learning disabilities in the criminal justice system and was part of this broader programme.</p> <p>The research used an 'action research' methodology and had three stages: fact finding; developing the guidance; testing the guidance. Stage one comprised 40 in-depth interviews with psychiatrists nationally, and court staff, judiciary and legal representatives from two case study areas. In this way key issues concerning the quality and usefulness of reports were identified. The second stage sought feedback and reflection on the interview findings. Nine mini-groups and two panels, consisting of a new cohort of professionals from different areas, developed a draft of good practice guidance. Those who had been involved in the first and second stages of the research were invited to participate in the third phase of the work, in which the guidance was tested in practice. The aims of this final stage were: to test the guidance among professionals who would use it on the ground; to gain feedback on the relevance and usefulness of the guidance; and to identify any necessary amendments or changes to the guidance. The developed document was circulated by e-mail among a panel of 42 participants who had consented to re-contact. In addition, several participants' colleagues requested participation at this stage and were included in the e-mail circulation. It was generally felt that the guidance reflected their input into its production, to be relevant, and to be likely to lead to significant improvements in the quality, timeliness and uniformity of reports.</p> <p>The guidance is divided into three main sections: guidance on the commissioning process; guidance on administration of reports (including a pro forma for letters of instruction to ensure sentencers' requests for reports gave a clear steer to the psychiatrist); and guidance on production of reports (including a report template to ensure an appropriate structure is followed).</p>
<p>3. References to the research (indicative maximum of six references)</p> <p>1. McLeod, R., Sweeting, A., Evans, R., <i>Improving the structure and content of psychiatric reports for sentencing: Research to develop good practice guidance</i>, September 2010, MoJ Analytical Report, ISBN: 978-1-84099-401-8, at: http://www.ohrn.nhs.uk/resource/policy/ImprovingPsychiatricReports.pdf .</p> <p>2. McLeod, R., Sweeting, A., Joyce, L., Evans, R., Barkley, C., <i>Good practice guidance: commissioning, administering and producing psychiatric reports for sentencing</i>, September 2010, MoJ, HM's Court Service, ISBN: 978-1-84099-402-5, at: http://www.ohrn.nhs.uk/resource/policy/GoodPracticeGuidePsychReports.pdf .</p> <p>The research and the guidance became an essential source of reference for practitioners and scholars alike. The findings of the research are summarised in an important criminal justice journal:</p>

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cf. Fowles, T., and Wilson, D., 'Psychiatric reports and sentencing' (2011) *Howard Journal of Criminal Justice*, Vol. 50, No. 1, pp. 111-13. In addition both the research and the guidance are referred to in relevant practitioner forums, such as the NHS Confederation Offender Health Research Network [cf. <http://offenderhealth.ning.com/page/external-links>]; in leading forensic psychiatry textbooks [Rix, K. (2011) 'Expert Psychiatric Evidence', The Royal College of Psychiatrists]; in journal articles [Rodway, C., *et al.*, 'An examination of the quality of psychiatric court reports for juvenile perpetrators of homicide' (2011) *The Journal of Forensic Psychiatry and Psychology*, Vol. 22, No. 6, pp. 895-904]; and in postgraduate theses [J.A. Crosby, Master's thesis examining the quality of psychiatric reports in homicide cases, M.Sc. Psychiatry, University of Manchester, 2012].

The research was funded by the MoJ (£120K). The grant was awarded in 2009-10 to Roger Evans and the TNS-BMRB Social Research team. Each researcher played a full part in the design of the research, data collection, analysis, report writing and the management of the project including participating in the steering group meetings, presenting findings etc. Prior to publication the research report and good practice guidance were reviewed by members of the steering group, the MoJ research department, senior policy staff in the MoJ and the Department of Health and by 2 anonymous academic experts selected by the MoJ research team.

4. Details of the impact (indicative maximum 750 words)

The Good Practice Guidance we have produced is the first and only official guidance on psychiatric reports for sentencing in England and Wales endorsed by HMCS. The authority of the Guidance is increased by the fact that the research received the support of a steering group of senior staff from the MoJ, HMCS, the Department of Health, a senior judge from the Central Criminal Court, a district judge heading an MoJ pilot project mental health court and the Chair of the Faculty of Forensic Psychiatry of the Royal College of Psychiatrists. Reports may be commissioned by the magistrates' courts and the Crown Court when a defendant is considered possibly to have a mental disorder and an expert medical opinion is necessary to assist sentencing. The Bradley Report (April 2009) indicates that the estimated number of mentally disordered suspects passing through police stations in England and Wales varies between 2% and 20%.

In 2010 the Mental Health Policy Lead for HMCS (A) supervised an extensive programme of dissemination of the Guidance. This involved the publication of the Guidance in the web site of the MoJ and the posting of a notice on the intranet system for magistrates and Crown Court's judges. In addition the Guidance was incorporated into the manuals for magistrates and Crown Court's judges containing operational guidance in relation to the court work. During the first few months (especially the first three months) after the publication of the Guidance, the Mental Health Policy Lead office was contacted by a number of forensic psychiatrists and members of the judiciary (between 20 and 40 people) feeding back on the usefulness of the Guidance in overcoming the previous lack of consistency/relevance of psychiatric reports for sentencing, and/or asking for advice and explanation in relation to the use of the Guidance. In particular a number of inquiries from the courts concerned some aspects of the commissioning process (including how to identify/access suitable local forensic psychiatrists and what skills are required for the production of relevant/high quality psychiatric reports for sentencing). Courts must ensure that the Guidance is complied with, as failure to do so may lead to objections raised by defence solicitors or the judiciary.

In 2010 the Guidance was endorsed also by the Faculty of Forensic Psychiatry of the Royal College of Psychiatrists, which contributed to its dissemination among practitioners by making it available at various levels to Divisions and Faculties across the UK and on the Forensic Faculty website. According to the former Chair of the Faculty (in office until July 2012) and current Clinical Director of Forensic Services at Oxleas NHS Foundation Trust (South London)(B), the implementation of the Guidance produced impact especially in relation to the relationship between forensic psychiatrists and local courts. One example is that in 2012 in South London a single point of access to psychiatric services was created, as advised by the Guidance. This is a single point of access system allowing the commissioners to request a report from local health providers by directing their request to the Bracton Centre (forensic service) which will deal with the request and source a suitable psychiatrist for the report. This Service Level Agreement has ensured timely supply of psychiatric reports of consistent quality to the magistrates' courts.

Another area of impact of the Guidance concerns the training of trainee forensic psychiatrists and their communication with non-psychiatrists in the commissioning of reports. B informed us that

since 2010 the Guidance has been used in training forensic psychiatrists by Educational Supervisors and in Court Liaison Teams operational throughout South London. The adoption of the Guidance for training has also been confirmed by the Medical Director and consultant forensic psychiatrist at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust **(C)**. She teaches the principles of the Guidance to core trainees and higher trainees in forensic psychiatry and noted that the Guidance will enable two significant improvements in the production of relevant psychiatric reports, properly addressing the questions raised by the commissioner of the report. Firstly, prior to the guidance, such reports lacked focus or were ‘all purpose’ reports not responding to the specific needs of the commissioner. Secondly, psychiatric reports used to be written in a specialist clinical language not accessible to a non-psychiatrist. By learning the principles laid down in the Guidance, trainee forensic psychiatrists are developing skills in the production of relevant, well-written reports that more effectively address the needs of the commissioner. C also cited improvements in interaction with the commissioners as a result of the Guidance. Previously there was little specific instruction on how to commission and produce a psychiatric report. Accordingly there was a lack of consistency in the practice across the sector and so commissioners occasionally questioned aspects of the reports and required supplementary reports where they felt that issues had not been satisfactorily addressed. She notes that the existence of the official Guidance provides a solid source for practitioners’ reference, both for commissioners and consultant forensic psychiatrists. In this way commissioners are clearer about what can be expected of a psychiatric report and how a report should appear in terms of structure, language and content, and consultant forensic psychiatrists can direct commissioners to this Guidance for reference.

Impact on training and practice has been further confirmed by a consultant forensic psychiatrist at the Ashworth Hospital **(D)** (one of the 3 high secure psychiatric hospitals in England and Wales). While doing research for his master’s thesis at the University of Manchester (2012), D learned about the Guidance, which became part of his professional background. D learned about the Guidance also during an expert witness training course at UCLAN (2012). Whilst the Royal College of Psychiatrists’ 2008 Report aims to achieve similar aims as the MoJ 2010 Good Practice Guidance, D finds that the latter is more detailed and better fit for purpose. D informed us that he wrote 10 psychiatric reports in 2012 and 5 in 2013, in all cases abiding by the Guidance and putting in practice its recommendations. D brought to our attention that the Guidance impacted on his practice beyond psychiatric reports for sentencing. When writing psychiatric reports for admission to high secure care D follows the recommendations of the Guidance as they are transferable to this other field of activity.

We have recently been informed by the Head of Consultancy Service **(E)** at St Andrew’s Healthcare (the largest UK mental health charity) that during 2013 the Service distributed the Guidance to over 70 clinicians working within the Consultancy Service (including consultant forensic psychiatrists) for information when they act as expert witnesses for the courts through the Service.

5. Sources to corroborate the impact (indicative maximum of 10 references)

(A) Mental Health Policy Lead for HMCS at the time of the implementation of the Guidance – Implementation of the Guidance by HMCS.

(B) Former Chair of the Faculty of Forensic Psychiatry, Royal College of Psychiatrists (until July 2012), now Clinical Director of Forensic Services at Oxleas NHS Foundation Trust (South London) – Impact of the Guidance in South London (single access point) and on training of trainee forensic psychiatrists.

(C) Medical Director at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust – Impact on training of trainee forensic psychiatrists and on producing psychiatric reports for sentencing.

(D) Consultant Forensic Psychiatrist at the Ashworth Hospital (Liverpool) – Impact on his education and training as a forensic psychiatrist and on his practice when writing psychiatric reports for sentencing and reports for admission to high secure care.

(E) Head of Consultancy Service, St Andrew’s Healthcare – Impact of the Guidance on St Andrew’s Healthcare Consultancy Service.