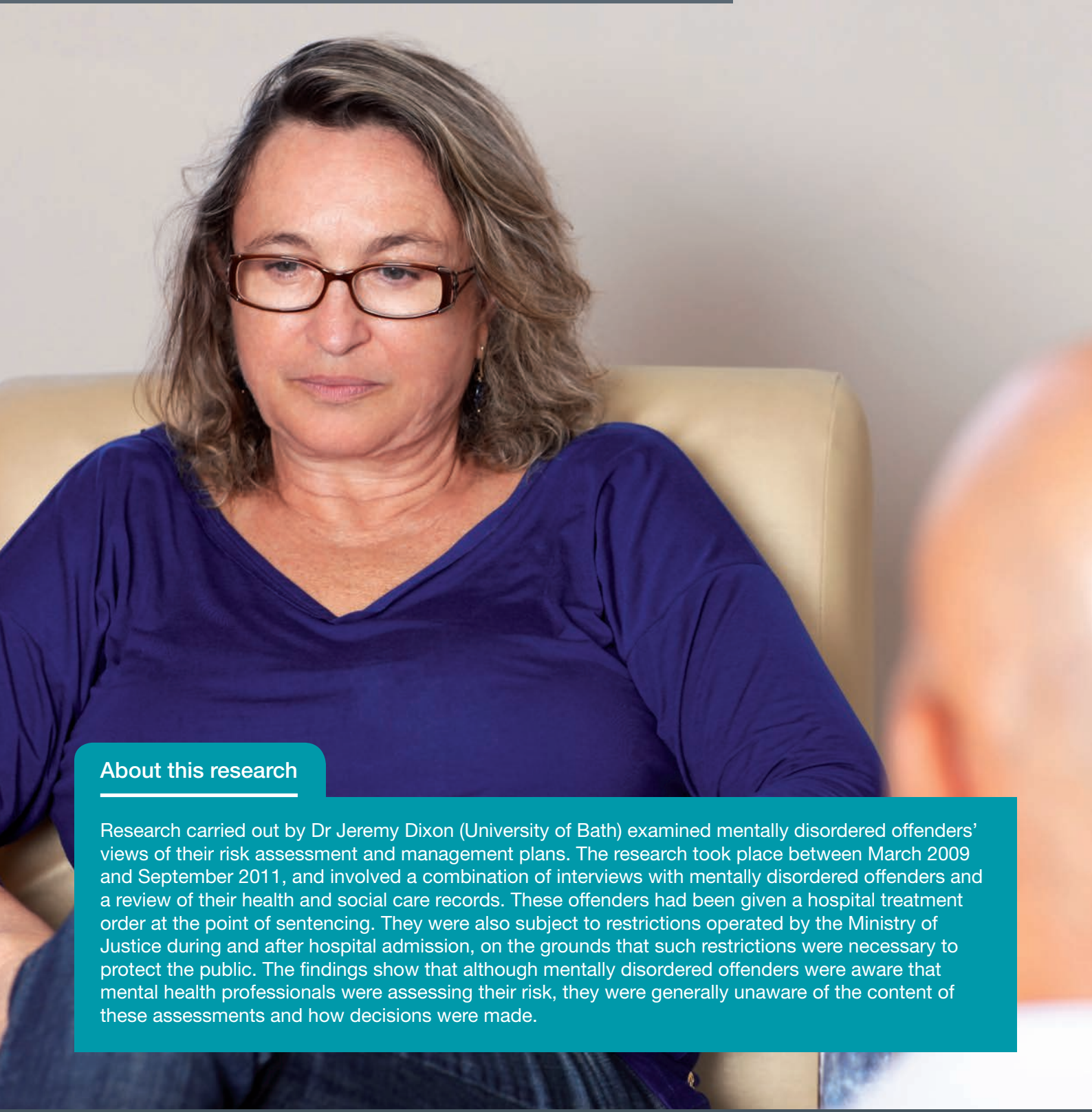
POLICY BRIEF

Institute for Policy Research

UNIVERSITY OF BATH

Mentally disordered offenders' perspectives on their risk assessment plans



About this research

Research carried out by Dr Jeremy Dixon (University of Bath) examined mentally disordered offenders' views of their risk assessment and management plans. The research took place between March 2009 and September 2011, and involved a combination of interviews with mentally disordered offenders and a review of their health and social care records. These offenders had been given a hospital treatment order at the point of sentencing. They were also subject to restrictions operated by the Ministry of Justice during and after hospital admission, on the grounds that such restrictions were necessary to protect the public. The findings show that although mentally disordered offenders were aware that mental health professionals were assessing their risk, they were generally unaware of the content of these assessments and how decisions were made.

Research findings in context

Government policy and guidance has emphasised the need for mental health professionals to review and manage risk since the 1990s. Current Government guidance (DoH, 2007) is aimed at mental health service users as a whole but is also intended to inform practice with mentally disordered offenders. It states that care should be provided in the least-restrictive manner and suggests that risk assessment should be integral to deciding on the level of intervention required. Whilst no distinction is drawn between mentally disordered offenders and other service users, professional mental health staff remain responsible for acting to prevent harms.

The guidance encourages mental health professionals to adopt a range of approaches when measuring and managing risk. Both mental health practitioners and organisations are encouraged to draw on risk assessment tools (that calculate risks by comparison with like population data) when making risk decisions. For example, secure services may adopt a number of specialist tools, such as: The Historical, Clinical Risk Management-20 (HCR-20) or the Psychopathy Checklist Revised (PCL-R), in order to work out whether an offender continues to pose a risk to themselves or others. However, it is also recommended that professionals should adopt a collaborative approach to risk assessment with individuals and their carers building on individuals' identified strengths. The guidance encourages a balance between concerns for the safety of the individual or others and the use of 'positive risk' taking, in which measured risks may be taken in order to facilitate personal development. In addition, there is now a greater emphasis on transparency in the assessment process than has previously been the case.

Research by Dr Jeremy Dixon has looked at the way in which mentally disordered offenders subject to section 41 of the Mental Health Act 1983 (in which offenders are subject to Ministry of Justice restrictions) understood their risk assessment and management plans. The majority of the offenders interviewed understood that they were judged to have posed a serious risk of harm toward others and that they were being supervised because of this. Whilst most were aware that risk assessments about them existed, few had seen their assessment or knew what was in them. Most stated that assessments had not been openly shared with them. In addition, offenders were often unclear about which professionals had responsibility for assessing and reviewing their risk, and how judgements were made.

Mentally disordered offenders involved in this research were aware that their behaviours had been categorised as 'high' or 'low' risk by mental health staff. However, they were not aware that these judgements may be calculated by comparing their behaviour to that of like populations, i.e. other offenders or mental health patients. Rather, they believed that staff used professional judgement to decide which category of risk they should be placed in.

The research findings indicate a need for mental health staff to ensure that the basis on which they make risk assessments is clear. The research also indicates some of the benefits of greater collaboration between mental health professionals and mentally disordered offenders in the process

Key findings

The research found that:

- Mentally disordered offenders subject to supervision under section 41 of the Mental Health Act 1983 were generally aware that they were being supervised because they were judged to have posed a danger to others.
- They were aware that risk assessments about them existed, and that mental health staff were measuring and monitoring their behaviour against these assessments. However, most were unaware of the content of assessments.
- They believed that mental health staff primarily used risk assessments to highlight signs of ill health, offending behaviour or a combination of the two.
- They were aware of having been assigned to 'high' or 'low' risk categories. However, they believed that these categories reflected a professional judgement of their risk rather than being based on risk assessment tools drawing on population data.
- In cases where participants had been involved in identifying and monitoring risks they had a much stronger sense of engagement in and understanding about the process.

of risk assessment. In cases where offenders had been involved in identifying and monitoring risks they had a much stronger sense of engagement in and understanding of the process. In addition, they felt more able to highlight future risks, and were clearer about what they should do if they occurred. This did not mean that mentally disordered offenders always agreed with the way that staff had interpreted events, but differences of opinion became more transparent in such cases.

Recommendations for policy and practice

Current guidance (DoH, 2007) already indicates that risk assessment should be a collaborative and transparent process. The rationale for adopting such an approach is that good mental health care should be relationship based, and as such should be based on "warmth, empathy and a sense of trust" (p. 11). In addition to this, transparency about the content of risk assessments ensures that the offender's rights are respected by highlighting continued concerns about their conduct in a manner that can be responded to or challenged.

This research shows that in many cases mentally disordered offenders remain unaware of both the content of and reasoning behind their assessments. It is recommended that:

- Mentally disordered offenders are asked about their view of their risks at the time at which they are first assessed.
- That they are helped to draw up their own assessment of risk once their mental health is stable.
- That staff and offender assessments of risk are incorporated into one document so that differences in perception are made explicit.
- That offenders are given a copy of their risk assessment and that the rationale behind it is explained to them by a key worker.
- That risk assessments are regularly reviewed at Care Planning Approach meetings and that offender and staff comments are recorded on these documents.

Methodology

This research took place between March 2009 and September 2011, in three mental health trusts in the South of England. The findings are based on interviews with 19 mentally disordered offenders subject to section 41 of the Mental Health Act 1983. Data was also gathered from the health and social care records of participants with their consent which included copies of risk assessments which had been completed by professional staff. Ethical approval was given by the NHS National Research Ethics Service.

References:

Department of Health., (2007). *Best Practice in Managing Risk*. London: Department of Health.

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More on this research:

Dixon, J., 2012. Mentally disordered offenders' views of 'their' risk assessment and management plans, *Health Risk & Society,* 14(7-8), pp. 667-679.

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