

## Training matters

### Trainees' attitudes to forensic psychiatry, the courts, and attending conferences

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Having gone to the trouble of organising a day conference on 'The Psychiatrist in Court', primarily directed at trainees, we were disappointed to find that on the day the considerable audience was composed mostly of consultants. This seemed a pity, particularly as we knew that this was an area of concern to many young psychiatrists. Kindly colleagues assured us that it is always difficult to get juniors to attend conferences. Nonetheless we were curious to know why trainees seemed more reluctant to take time away from their normal duties than perhaps their 'more pressed' consultants.

To find out what trainees' attitudes are to forensic psychiatry, how they feel about going to court and why so many of them did not attend an apparently successful conference, we sent a specific questionnaire to all senior house officers, registrars and senior registrars throughout Wessex. With some persistence we obtained a high response rate; all the senior registrars and over 70% of junior trainees replied. In order to minimise the obvious potential for bias, respondents were assured that the forms would be analysed anonymously.

#### *The trainees*

The 71 respondents consisted of 51 (72%) senior house officers or registrars, 16 (22%) senior registrars in adult psychiatry and four (6%) senior registrars in child and adolescent psychiatry. The majority, 51 (72%), were intending to spend their career in psychiatry, a further four (6%) were not sure and the remainder, 16 (22%) wished to be general practitioners. The sample was not unduly inexperienced, with only 22 (31%) having spent less than a year in psychiatry. With regard to experience in forensic psychiatry, 51 (72%) had none, eight (11%) less than six months, seven (10%) had had six months, and five (7%) a year or more.

#### *Attitudes to forensic psychiatry*

Trainees were asked whether they thought experience in forensic psychiatry would be useful for passing the

membership examination. Nearly three-quarters, 72% agreed, while 26% were not sure, and only two disagreed. Putting the question more generally, is forensic psychiatry an important area for general training regardless of passing examinations? They were even more positive: 93% agreed, 6% were not sure and only one disagreed. Apart from 10% who were not sure, all expected training in forensic psychiatry to help them manage violent patients. There was only a slightly less positive response in relation to treating patients with severe personality disorders, with 79% supportive, 20% not sure and only one in disagreement. Likewise 79% thought it would help them manage patients with 'difficult to control' mental illness and the remainder, 21%, were merely unsure. When asked if it would be useful to work in secure care and also gain experience in administering the appropriate level of security, 80% were affirmative, 15% were unsure, and 4%, all GP trainees, disagreed. Not surprisingly, a high proportion, 93%, expected forensic psychiatry to help them learn the legal aspects of psychiatry and the Mental Health Act, with just 6% not sure and only one disagreeing. Lastly, trainees were asked: if they had worked in forensic, would they have expected to become more confident about giving expert evidence in court; 90% agreed, with the remainder, 10%, unsure.

#### *Expectations of receiving training in forensic psychiatry*

Enquiry into how much forensic experience they expected to have in each stage of their training revealed over-optimistic ambitions. Excluding GP trainees, nearly half, 45%, expected to spend six months in the speciality as a registrar and a further 7% between one to three months. This would require greatly in excess of the current single registrar training slot for Wessex. Disregarding the limitations of their training schemes, the vast majority of the same trainees, 85%, rated the 'ideal' registrar training as including six months, and the remainder gave three months. There was a wider spread when they

reported the amount of time they would 'like' to spend in forensic, with 4% saying none, 22% one to three months, 70% six months and 4% 12 months.

In relation to higher training, the same group were similarly over-optimistic. As senior registrars, only approximately a third, 36%, did not expect to do any forensic psychiatry and this included all those in child and adolescent psychiatry; nearly a third, 28%, envisaged completing between one to six months and 36% 12 months or more. Again Wessex has only one senior registrar slot for non-specialist training. The 'ideal' period was a year or more for 35%, one to six months for 57% and only 8% did not consider any as necessary. Finally, 42% would 'like' to have a year or more, a similar proportion, 44%, between three to six months and 14% did not want any. In contrast to what they expected, senior registrars in child and adolescent psychiatry both wanted and thought they should have some experience in forensic; in fact their average for both categories was about five months.

The vast majority thought it would be helpful to attend special training days in forensic psychiatry, except 11% who were diffident and rated themselves as not sure. Interestingly, the GP trainees showed the same high degree of enthusiasm.

### *The trainee and the court*

Our conference included a morning on the psychiatrist in court, with talks by a high court judge and an academic lawyer on giving expert evidence. Curiously, although virtually all the trainees, 96%, thought this was an appropriate programme for a training day (two were unsure and one disagreed), they were less convinced that it was relevant to them, with 73% in favour, 16% unsure and 9% against.

Half the trainees, 51%, had never been to court at all and a further 16% had been only once. Nearly two-thirds, 62%, had never been to a magistrates' court and another two-thirds, 63%, had never been to a crown court. Similarly 61% had not had the experience of giving expert evidence in court and an even higher proportion, 72%, had not even been as an observer while a senior testified. Experience which might lead to a useful familiarity was had by even fewer. Only 4% had been to a magistrates' court as observers on three or more occasions and about the same, 6%, for a crown court. The corresponding numbers going as experts on three or more appearances were only a little better, with 7% and 6% respectively to magistrates' and crown courts. Combining all attendances in court, either as an observer or expert, a more welcome fraction, 25%, had been at least three times.

They were asked, "If tomorrow you had to go to court as a professional witness about a case you know well – would you feel confident?" Trainees responded to this question diversely. Only one

strongly agreed, but a quarter, 24%, were affirmative, 31% unsure, and just under half rated themselves as lacking in confidence – 21% disagreed and a further 23% disagreed strongly. Using this discrete continuum, rank order correlation was performed to investigate the factors associated with having confidence in court. Time spent in psychiatry had only a small correlation,  $r=0.25$ , while that for all visits to court was higher,  $r=0.42$ . As might be expected, there was a stronger correlation with going to court as an expert,  $r=0.38$ , compared to visits as an observer,  $r=0.29$ . Similarly, attendances at crown court seemed more confidence-giving,  $r=0.40$ , than at magistrates' courts,  $r=0.34$  ( $P<0.05$  for all values).

### *Reasons for not attending the conference*

Only about a fifth, 15, had attended the meeting. Of the remainder, 56, just over half, 55%, could not recall receiving the programme. Nonetheless we were confident that invitations and programmes had been reliably despatched. Unfortunately, judging from our trainees' comments, it seems that such mail may only receive a cursory glance before disposal. No-one admitted to having planned to come and then simply forgotten. To appraise the attitudes of the non-attenders, they were asked to look again at a copy of the programme and consider the following. Questioned if they had not or would not want to have come, only two agreed and one was unsure. Perhaps surprisingly, more, 11%, stated that they did not or would not want to ask their consultants for permission to attend. Yet only one reported not being allowed to come. A fifth, 18%, felt they did not want to take time off from their normal duties, and a group of similar size, 21%, confirmed that they had permission to come but on the day found themselves to be too busy with clinical work. Worryingly, three senior registrars were included in the latter. As many as a third, 36%, gave either of these reasons and thus felt obliged not to take time off for the study day. A smaller proportion, 15%, thought it was too far to travel; none did not or would not have come because they could not claim travelling expenses. Lastly, only one would not come because of doubt of knowing anyone else there.

Encouragingly, the trainees were warm with regard to future meetings. Asked if they would like to come, 39% strongly agreed, a further 55% agreed, 6% were unsure and none were negative.

### *In conclusion*

Trainees were overwhelmingly positive about the value of forensic experience in general psychiatric

training, in passing the membership examination, in helping them manage severe personality disorder and difficult to control mental illness. Findings also confirmed the obvious virtue of the speciality for becoming familiar with the Mental Health Act and the use of secure care.

However trainees were over-optimistic in their chances of receiving forensic experience. Wessex, like other regions, offers little prospect of such a placement and it is perhaps not atypical that even among the registrars working in the host hospitals, only a third will have the chance to work in a regional secure unit, and those on other rotations may not even get a look-in! Opportunities are similarly restricted for senior registrars, although hopefully through the efforts of the College, sub-speciality trainees will be encouraged to obtain experience in related fields. Indeed, as shown, even those in child and adolescent psychiatry felt they should have the benefit of some forensic experience. Practical difficulties will prevent everyone from receiving a forensic placement but in principle all could attend special training days and the results indicate that there is an underlying enthusiasm for additional forensic training.

Sadly, only a quarter felt confident about giving evidence in court. The experiences of magistrates' courts and crown court are clearly different and ideally trainees should have some acquaintance with both. But it is likely that familiarity with the more intimidating nature of crown court would yield confidence that would also pertain to appearances at lower courts, whereas the reverse may not apply. This could explain the stronger positive association between confidence and past crown court experience than that found from testifying before the magistrates. It seems a great pity that more use is not made of juniors accompanying their seniors to court. Indeed, the results reveal that as fewer had been only to observe rather than to testify, they would be more likely to have their first encounters as experts rather than as apprentice observers. And the findings suggest that even going as the observer bestows at least some confidence.

With regard to reasons for respondents not attending the conference, the most commonly identified cause was a failure to register receipt of the pro-

gramme and perhaps to apprehend its relevance to them. The lesson for arranging future meetings must be the need not only to produce an attractive programme but to alert trainees to the forthcoming invitation, ideally by personal contacts, perhaps through a key junior in each rotation. Our experience has proved that dissemination of such information is not reliably achieved through the clinical tutors. Enquiry into other reasons for non-attendance, excluded as significant factors: simply forgetting, being unable to claim travelling expenses and being put off because of not knowing others attending. Inevitably travelling will be a deterrent. For forensic teaching this is especially difficult as many secure units are sited in the corners of the regions they serve. More lamentable is that a fifth felt too busy with clinical work on the day to attend, and a similar proportion did not feel they could spare themselves from their normal duties to consider attending, with more than a third giving one or other of these reasons. Still more regrettable is that a proportion did not even feel they could ask their consultants for permission to come. Consultant psychiatrists are obviously not as approachable, at least by their juniors, as the profession prides itself!

Finally, although this survey does not try to establish the relative merits of forensic psychiatry compared to other specialities, it seems that it is both desirable and attractive to trainees, junior and senior, to have more involvement with forensic services. There will obviously be limitations on manpower and the need to spend time in other important fields, yet we hope that forensic psychiatry is seen more as an essential part of general psychiatric training. It must not be forgotten that all psychiatrists are liable to be called to court, and not only can this be a potentially intimidating and embarrassing situation for the individual, but it is also an important arena for displaying the merits of our profession.

### *Acknowledgements*

We are very grateful to all who participated in the survey and to Dr Malcolm Faulk for his encouragement.