

Careers in psychiatric specialities

5. Forensic psychiatry

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Definition

Forensic psychiatry is a relatively new subspeciality concerned with giving advice on, and with the assessment and treatment of, mentally abnormal offenders. The forensic psychiatrist works at the interface between psychiatry and the law.

Career prospects

In 1988, a survey of medical staffing and future expansion of forensic psychiatry found that by the mid-1990s at least 40 'new' consultant posts would need to be filled in the health service (Regional Forensic Psychiatric Services), special hospitals and university posts. In order to train enough doctors, the Joint Planning Advisory Committee recommended an allocation of 16 full-time (and two part-time) new forensic senior registrar posts over and above the 17 posts in England and Wales. The general career prospects are, therefore, good and there is a particular need for suitably qualified applicants to develop the academic base.

Training requirements

The Joint Committee on Higher Psychiatric Training recommend the following training requirements: a full-time consultant forensic psychiatrist should undertake four years of approved higher training in forensic psychiatry. A consultant with special responsibility for forensic psychiatry should have two years of approved higher training in forensic psychiatry as part of his/her four years of higher training.

Most senior registrar rotations include a one year rotational post in forensic psychiatry. In addition, some regional centres offer four year speciality training schemes. These are, in the main, based at regional secure units (RSUs), though some are based in

special hospitals. In these posts, training in related specialities such as adolescent psychiatry, mental handicap, or addictions may be available but each training programme should provide core experience in medium security, a special hospital, a prison, court and probation work.

Job structure

All forensic psychiatrists spend considerable time in liaison with probation officers, solicitors, the courts and the Home Office. Posts based at RSUs offer more variety than those at special hospitals.

A regional forensic psychiatrist is based in the regional secure unit. He/she spends most of the time in a consultative capacity. This includes assessment of difficult and violent patients referred from general psychiatry units, and preparation of court reports for out-patients, remand and convicted prisoners. Referrals also come from special hospitals for the assessment of patients for rehabilitation in a RSU with a view to discharge into the community. The consultant has responsibility for secure in-patient beds and works with a multidisciplinary team. On a regional secure unit, the maximum recommended duration of stay is two years although many patients are admitted for much shorter periods, particularly non-offender patients who may require medium security during an acute phase of illness because of behavioural disturbances.

Up to now, there has been a high turnover of consultants in special hospitals which may indicate that these posts are less rewarding. At present, the special hospital consultant works in an institutional setting with much more limited contact with other psychiatric colleagues. The special hospitals are, however, undergoing a great deal of change at present with the setting up of the new Special Hospital Health Authority. In future, many special hospital consultants may undertake sessional work in a prison or regional secure unit.

Likely satisfactions and frustrations

Although some may find certain aspects of the work upsetting, the RSU consultant has a busy and varied job. There is satisfaction in managing and advising on complex cases. While appearing in court may be anxiety-provoking for the uninitiated, such work can be stimulating and challenging for the experienced.

A major stress can be the responsibility involved in supervising the treatment of many dangerous individuals, particularly the continuous care of discharged patients on Home Office Restriction orders (Section 41 of the Mental Health Act) who are subject to recall by the Home Office.

Most RSU consultants will, because of their regional status, have considerable input into undergraduate and postgraduate psychiatric training which can be especially rewarding.

A final point to note is that there are financial advantages in working for the courts and solicitors.

Prospects for research

Research opportunities are available for enthusiastic forensic psychiatrists. Most RSUs and special hospitals have ongoing research projects and trainees are encouraged to spend two sessions on research. The research field is wide open but because the recent development of forensic psychiatry was service-led, the academic base has not yet caught up, and only the Institute of Psychiatry has a proper academic department of forensic psychiatry with a professor, senior lecturers and lecturers. The other academic centre in Edinburgh has vacant posts. Regional secure units

are beginning to develop formal academic links. An indication that the subject has reached academic respectability in this country is the recent publication of the new *Journal of Forensic Psychiatry* and two recent textbooks.

Conclusion

Forensic psychiatry is an absorbing subject, and the work of forensic psychiatry is quite different to that of general psychiatry. It is perhaps more suitable for psychiatrists who enjoy and are undaunted by the adversarial nature of medico-legal work, and the volume of administration and report writing necessary (for the courts, Mental Health Review Tribunals and the Home Office) and those who are prepared to work under the time constraints imposed by the courts. A number of consultant posts should become available in both regional forensic psychiatric services and the special hospitals over the next few years for those entering the subspeciality.

Further reading

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- ROYAL COLLEGE OF PSYCHIATRISTS (1988) The role, responsibilities and work of the consultant forensic psychiatrist. A discussion document. *Bulletin of the Royal College of Psychiatrists*, 12, 246–249.

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Trainees' forum

Training on the Regional Brain Injury Rehabilitation Unit: six months registrar experience

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There is an increasingly large population of those who are chronically disabled as the result of brain injury (Jennett & Macmillan, 1981). These injuries can be the result of trauma, infections, tumours,

hypoglycemia, anoxia or other damaging conditions. The large majority of rehabilitation units cater for physical problems only. However, it has been recognised that patients with brain injury often develop