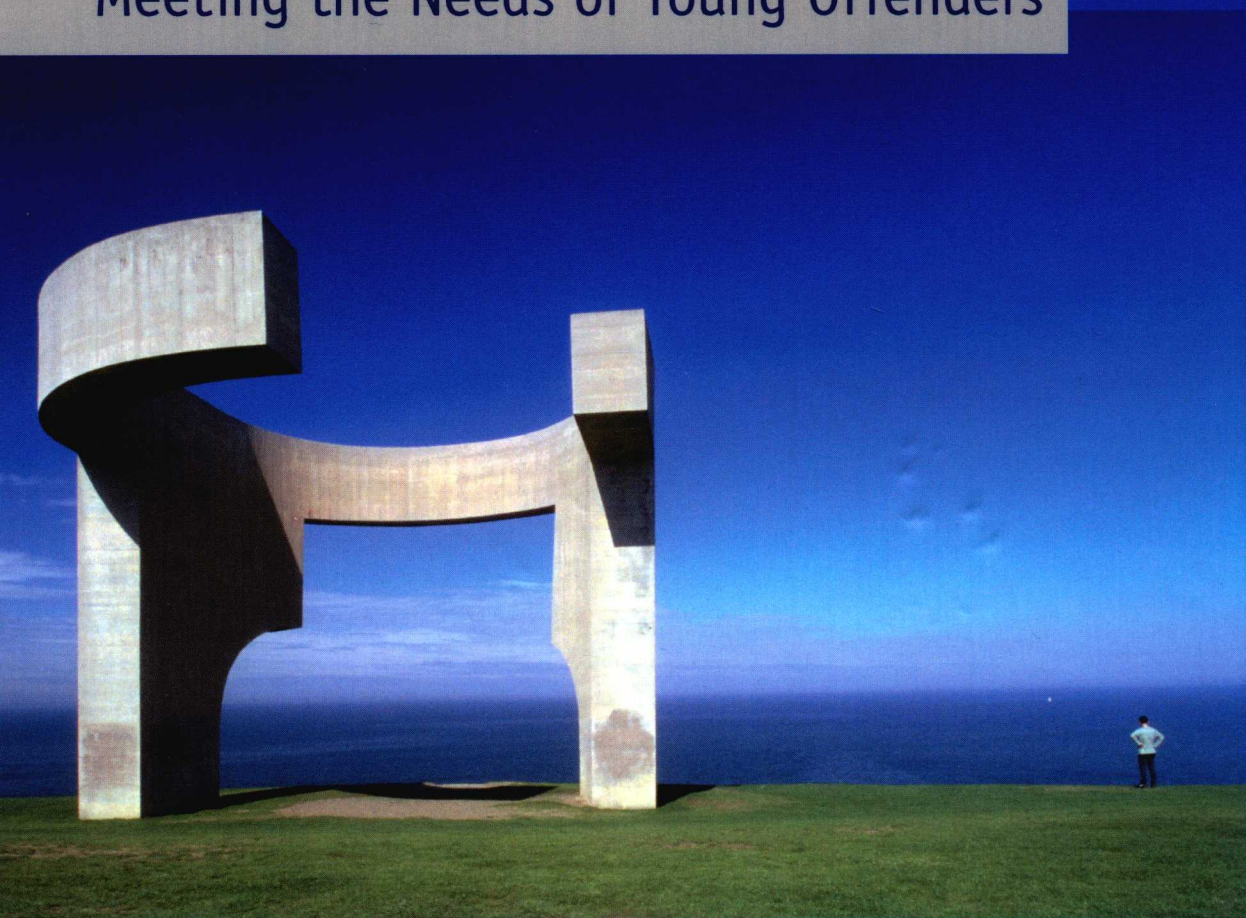


EDITED BY Susan Bailey, Prathiba Chitsabesan
and Paul Tarbuck

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Forensic Child and Adolescent Mental Health

Meeting the Needs of Young Offenders



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Edited by

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Forensic Child and Adolescent Mental Health

In memory of Richard Marley and 'inspired' by Dorothy Tonak

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Foreword

Professor Dame Sue Bailey has done a great deal for psychiatry, and in so many ways. She was a pioneer as a practising child and adolescent forensic psychiatrist and an academic in the field. She has gone on to leadership roles in the UK and overseas, perhaps most notably as president of the Royal College of Psychiatrists and then of the Academy of all the British Medical Royal Colleges.

Sue Bailey and her co-editors are now to be congratulated for this textbook. It is an important book which indicates that forensic psychiatry has come of age. Every mental health worker knows that 'the child is father of the man' and that adult behaviour has its roots in the developmental mix of genetics, intrauterine climate and parenting and other environmental factors through childhood. There is a long and painful history regarding children as the architects of their own failings and thus neglecting to care for them appropriately. Sue Bailey, in her introduction, gives a good, brief synopsis of how that neglect affected thinking about forensic child and adolescent mental health in Europe until the 1980s. Then changes began to gather pace in the UK, with the overhaul of the English and Welsh youth justice system in 1998. We can be justly proud of some of the recent advances in this work, a brief history of which is set out later in this volume. Even so, we need to remain aware of the huge tasks still in front of society and our profession. This volume points to the interesting, but stony road ahead.

I have to confess that I have long believed, and taught, that considering adult forensic psychiatry to be a separate specialty, distinct from child and adolescent forensic psychiatry, is a serious mistake. I understand how this arose. Children's services of all kinds, including paediatrics and child psychiatry, have traditionally been separated from adult services. There is, indeed, specialist knowledge that applies to each, but there is also a terrible barrier to good practice in this separation. There is little will or capacity for ensuring continuity of treatment between youth

and adulthood, but biology does not recognise a sharp distinction. It is essential for anyone who claims to practise forensic psychiatry to be familiar with the problems presenting in individuals at all stages of their life. Forensic psychiatry can be regarded as the study and management of behaviours which stop the individual from reaching his or her full potential while posing risks of harm to others. Such behaviours usually begin early, and we probably have a better chance of changing them in their early stages than we do when they are well established in adult life.

Future generations of mental health workers may give more emphasis to behaviour problems and less to the strange so-called diagnostic system to which we seem currently wedded. I have long thought that clinics specialising in the assessment and treatment of particular behaviours are at least as useful as clinics purporting to focus on particular diagnoses. This book rightly deals with violence, harmful sexual behaviour, substance misuse and self-destructive behaviour as problems in their own right. Investment in services for such complex problems is likely to pay handsome dividends in adult life. Investment in research studying both causes and the management of many of the problems outlined in this book could lead to greatly improved outcomes, as has happened elsewhere in medicine. A difficulty is that the timescale for research, and consequently evidence-based change, will be longer than muddling on with containment strategies, and thus less politically attractive. We have some of the building blocks in place, in the form of longitudinal, prospective studies, from birth, such as the one in this book by Barbara Maughan, and these have not only taught us about environmental influences on development, but many have incorporated genetic and other physical measures too. The area in which we are lacking is translation from the findings of these studies to widely effective interventions. Nevertheless, I think this book indicates that there is a vigorous task force available to carry such

research forward given an appropriate academic environment and sufficient resources. I hope it will help to persuade society to provide those essential resources.

The book should, thus, be read by influential people in all walks of life. Care for children, and their treatment if things go wrong, should be everyone's concern. Nevertheless I think it should be on the essential reading list for all mental health professionals. In particular, in my view, beyond the core readership,

forensic mental health professionals working with adults should pay particular attention to its content and should consider ways in which they can collaborate with their colleagues dealing with younger patients and vice versa.

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Preface

Few dilemmas have challenged the ideas of society about the nature of human development and the nature of justice more than children and young people in the juvenile justice system, especially those who have mental health problems, neurodevelopmental disorders and learning disabilities. In the eighteenth and nineteenth centuries children were seldom distinguished from adults and were placed with adults in prison. In the England of 1823, boys as young as nine years of age were held in solitary confinement for their own protection in ships retired from the Battle of Trafalgar. In the nineteenth century, legislation regarding children's rights was tied to the need for labour.

There have been periodic reactions against convicting, imprisoning and punishing young people. The pioneers who sought to rescue both young offenders and those children offended against provided the beginnings of youth justice, care and child protection. Both community and secure residential innovations in youth justice have been characterised by patterns of reforming zeal followed by the gradual embedding of scientific evidence base from the dual fields of juvenile justice and the assessment and treatment of mental health problems in children and young people.

The overhaul of the youth justice system in England and Wales in 1998 with the introduction of the then multiagency youth justice teams proved a turning point for progress in youth justice, paralleled across the UK, many parts of Europe, Australia and New Zealand. Ten years earlier the development of Forensic Child and Adolescent Mental Health Services (FCAMHS) started to emerge with a now vibrant European Association for Forensic Child & Adolescent Psychiatry, Psychology and other involved Professions (EFCAP).

Hence the time seemed right to bring together researchers, educationalists, those shaping policy

and service development and, above all, practitioners who are actively contributing to the knowledge base and practice in the field of child and adolescent forensic mental health in the development of a textbook which summarises the evidence base in the assessment and treatment of mental health needs in young people in the criminal justice system, service models of care and likely future directions of travel in the field.

In its scope this textbook therefore provides a developmental approach to understanding the needs of adolescents and how young people within and at risk of entering the criminal justice system may differ. It recognises the importance of prevention, early intervention and the building of psychosocial resilience through the delivery of values-based practice. It highlights the need for comprehensive assessment for young people across the multiple domains of their lives, given their complex and multiple comorbid needs, and how in day-to-day practice this can be achieved by multiagency services. A range of evidence-based interventions for specific mental disorders are described but in the context of meeting holistic psychosocial needs. Case examples have been provided to illustrate how theoretical principles may be put into practice for clinicians and staff working with young people.

We fully recognise the challenges faced by those who chose to work in this field and the absolute importance of practitioners being supported and equipped to enable children and young people to develop well in the face of often accumulative negative experiences across their early years.

Our hope is this book will be of interest and of help to a wide range of professionals working across the field both in community and secure settings and across health, education, social care and juvenile justice services. The policy and legal framework has been illustrated by reference to the system in England but

will have relevance to readers from across the UK, Europe and further afield.

The editors are very grateful to the contributors for all their patience and hard work, and I am personally hugely grateful to my fellow editors.

Sue Bailey, DBE, FRCPsych

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Prologue

Understanding Adolescence

Mike and Mary Shooter

Introduction

This chapter will discuss three main questions: What is adolescence all about? How may it go wrong? And what can we do to put it right if it does? But first we need to address a deeper issue: is adolescence a universal concept or is it so dependent on the surrounding context that it ceases to have any validity?

Does Adolescence Exist?

Historically, can there have been such a thing as adolescence when young boys were sent up chimneys, girls were having babies and life was brutish and brief? Culturally, is there room for adolescence when children of a certain age are subjected to initiation rights and are expected to emerge as fully fledged adults on the other side? Is adolescence possible only where young people remain in school or higher education long enough for idle self-absorption? What happens to adolescence in austerity, when young people are obliged to remain as children in the parental home long after they might have found their feet in better times? Can adolescence be said to have been invented by the media and by commercial industries seeking to make money out of young people's wish to follow peer-group fashion? And is adolescence the politicians' last opportunity to exploit an age group without giving them the vote to express what they feel about it?

In other words, is adolescence a relatively modern, Western and artificial construct about which there is very little academic study until the late nineteenth century (Demos and Demos, 1969)? Or is there something universal about a stage of development that may be unique to human animals and which we all experience whatever the context in which we live? The answer, we would contend, is a mixture of both those views. Yes, there is something so specific about adolescence that it has engaged the attention of writers and philosophers from Plato 2500 years ago to the current explosion of coming-of-age novels and films.

And this has been so, whether or not the word itself has been in common usage, whether academics have deemed it worthy of study and whether practitioners have felt it necessary to provide specific facilities for adolescents or crammed them onto the paediatric or the adult ward with equal embarrassment. But the surface reflections of adolescence will change from time to time and culture to culture as young people themselves come to terms with it in their particular surroundings.

It is a mistake to assume that adults are in charge of the maturation process. Young people everywhere are 'constructing their own adolescence' (Coleman, 2011). They will find their own way of expressing what is happening to them, whether their development is on the right or the wrong track and however difficult the adults around them seem to make it. And the adults, in their turn, will react with pride or consternation. As Shakespeare's Old Shepherd put it, there are times when we might wish that children went straight to adulthood after all 'or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting' (*A Winter's Tale* III. iii. 58). A little harsh, perhaps, but many adults would share the feeling!

Question 1: What's It All About?

Addressing this question could occupy the entire book and still not result in an answer that would satisfy everyone. So let's settle for a few key issues.

Schools of Thought: Rival Perspectives

There are many different schools of thought about adolescence, as there are indeed about all human development – physical, cognitive, psychological, social, spiritual and many more. All of us will have memories of the trials and tribulations of puberty, however hard we may have tried to suppress them, and of the bodily changes that go with it. Our parents may have been more aware of the cognitive changes

we were going through as we passed from Piaget's 'concrete thinking' to 'formal operations', in which we began to play around with abstract concepts in the same way that a child might do with physical objects, and were often accused of being 'lost in thought'. Freud explored the 'genital' stage of psychosexual development, the influence it has on the adolescent's self-image and all the specific tensions and general moodiness that goes with it.

For Freud, these emotional changes were rooted in genetics and had little to do with the environment; but classic thinkers like Erik Erikson set the adolescent's struggle to discover a sense of identity within the social relationships being forged outside the home in peer group and community. Later, attachment theorists suggested that the consistency of care in infancy can influence social relationships in adolescence. Those who emerge from secure attachments to their parental figures with a positive sense of themselves will be eager to explore new relationships. Those whose early care was fraught with insecurities will doubt both themselves and the trustworthiness of others. They will be anxious about making relationships or avoid them altogether (Mikulincer et al., 2013).

Meanwhile, increasing attention is being paid to the spiritual aspects of development, to the sense of adolescence being part of a journey towards some distant goal, in which moral values in their widest sense are as important as the basic tasks of reproduction and survival that monopolise the lives of other animals (Shooter, 2009). For a long time such a concept was frustrated by its association with religion or by misunderstanding of religious-sounding metaphors likening young people to 'pilgrims' (Coles, 1990). This has given way to all sorts of research, including claims that spiritual development leads to decreased rates of delinquency and even that delinquent behaviour itself is a search for spiritual meaning (Blakeney and Blakeney, 2006).

Stages of Development: Clarity and Complications

The word 'adolescence' comes from the Latin *adolescere*, meaning to grow to maturity. All of the schools of thought are stage theories, in which human beings pass from stage to stage, completing the developmental tasks appropriate to each stage and then moving on. Each stage demands a greater maturity than the

one before and, if completed successfully, paves the way for an even greater level of maturity in the next – until we reach old age and begin the long slide down into what Shakespeare called, with typical pessimism, 'second childishness and mere oblivion, sans teeth, sans eyes, sans taste, sans everything' (*As You Like It* II. vii. 139). Modern medicine has done much to improve the final prognosis, but we all get the general gist.

However, in real life, things are not quite so clear-cut in the early stages. Reading Piaget, for example, one could be forgiven for imagining that children and young people develop in a staccato fashion, suddenly becoming capable of a whole new set of cognitive functions overnight, as they pass from sensorimotor to pre-operational to concrete operational to formal operational thinking, at successive ages. But development is much more gradual than that and subject to all sorts of surrounding influences. Anyone who has worked with bereaved families will know that children who are given straightforward information about what has happened and the opportunity to share in the rituals and emotions involved will have a far more mature understanding of death than someone older who has been 'protected' from their grief. And all of us have islands of magical thinking that survive into adulthood in the form of harmless superstitions or a more destructive sense of guilt that we have caused something to happen because we wanted it to.

We have all heard some children being described as 'old for their age' or adults being accused of 'behaving childishly'. What that usually means is that the child is showing surprising emotional maturity though they may not grasp the full facts of a situation, while the adult may know what is happening intellectually but be unable to deal with it emotionally. In other words, different aspects of development may get out of phase with each other, and adolescents, classically, are capable of swinging from one complete set of thinking, beliefs, emotions and behaviours to another, and from one moment to the next. On the hospital ward, this can confuse doctors and nurses who have insightfully included a 16-year-old in discussions about treatment, only to have him retreat into a helpless childhood on the end of a needle. At home, such confusion infuriates parents who are apt to prop the teenager up against the wall, metaphorically at least, and demand to know why. But the teenager may not know why, and be as scared by this apparent lack of control as the parents are angry.

Challenging Our Stereotypes

So far we have looked at commonalities, as if all adolescents were the same. At a recent workshop the participants were asked to shout out words to describe adolescents. In truth, we could have written the list beforehand because they were all stereotypes. Teenagers are 'stropky', 'lazy' and 'self-centred' and that's putting it mildly. They take issue with everything, they would stay in bed all day if you let them and they do what they want to do, irrespective of the risks involved and everyone else's wishes. And, of course, they do it all deliberately, just to annoy us! There are several things wrong with this picture.

To begin with, adolescents differ in all sorts of ways. There are huge variations, for example, in the speed of sexual maturation. As a general rule, 'mid-teenage girls are tall, slightly curvy, and have breasts ... the average mid-teenage boy is short, weedy and has a light dusting of unimpressive body hair' (Bainbridge, 2009: 71). Bainbridge argues that there may be evolutionary advantages to this disparity. Perhaps girls are built to look more mature and to begin their adult roles earlier in life; boys remain less impressive and less challenging to adult males until they are older. But, in the meantime, this helps to explain why girls look so terrifying to boys in the first few years at secondary school, and girls may get into trouble with parents for dating older men.

Yet this itself is a stereotype. Even within the sexes, individuals mature at different ages and may hover on the edge of the shower, reluctant to show how more or less developed they are from their peers. At best this may make both girls and boys squirm with embarrassment in games lessons; at worst it may lead girls in particular into sexual activity long before they are emotionally able to deal with it. And this leads to the next point: it is not acne but attitude that is the problem.

The Teenage Brain: A New Enlightenment

Adults can come to terms with the physical manifestations of adolescence, but it is the behaviour that drives them up the wall and which they see as consciously designed to do so. In fact, some of the most exciting research on adolescence shows what astonishing things are going on in the teenage brain and how little choice adolescents may have in the sort of behaviours for which they attract such criticism (Jensen and Nutt, 2014) (see also Chapter 20 by Aulich and Holroyd).

In short, the human brain is never larger compared to body size than it is in the teenage years, and all sorts of changes are going on within its increasing convolutions. An over-abundance of grey matter connections is being pruned and the growth of key white matter fibres speeded up. Vital dopamine pathways are being laid down as the focus of brain activity shifts from the archaic, brain-stem pathways we once needed for primitive survival to more sophisticated links with the huge but as yet ill-directed adolescent pre-frontal cortex. It is possible to see the teenage brain as caught somewhere in between, as the old pathways are dying out and the new ones are not yet mature, leaving adolescents with a 'dangerous combination of inquisitiveness and carelessness' (Bainbridge, 2009: 121) that could explain their risk-taking behaviours.

A more positive way of looking at it would be to say that the teenage brain is in a state of 'receptive plasticity', somewhere between the tumultuous growth of childhood and the more settled but inflexible state of adulthood. Its structure is capable of influencing the teenager's behaviour and being influenced by that behaviour in turn, in a sort of virtuous circle. Thus research is beginning to show that play in adolescence, not structured sport or isolated computer games but free play that involves risk-taking and risk-mastery, is essential for the laying down of nerve pathways for social competence.

In other words, the teenage brain is not a mere halfway house between childhood and adulthood, but a vital and necessary stage in its own right. Meanwhile, whatever is happening inside, things may get quite difficult on the surface. The combination of a jealous streak, the effects of sex hormones and shaky brain processes for dealing with fear may render the adolescent impetuous, oppositional and liable to fly off the handle at the slightest provocation. And the circadian rhythms that govern sleep patterns are subtly different in adolescents, in response to shrinkage of the pineal gland and shifts in the night-time peaks and daytime troughs of the melatonin hormone that it secretes. Teenagers do indeed find it difficult to get up in the morning and are less alert and grumpier if forced to do so, through no fault of their own (Morgan, 2013). Some schools are already adjusting their timetables to accommodate these findings but it is asking a lot of parents to remember what is happening in their teenagers' brain when arguments