Psychiatry and The Law ------Richard Frances MD

Introduction

With no end in sight to the wars in Iraq, Afganistan, and the war on terrorism, America, victimized by September 11th,and a dangerous world, is more likely to suffer from the affects of PTSD, Substance Abuse, and Mental Illness, as well as the human lives lost, economic and social costs. Violence and domestic violence become growing concerns for psychiatrists in times like this, and we are called upon to deal with the way killing and violence, guilt, shame and terror not only effect those in the military, their families and those returning, but the general population; and especially those with mental illness including addiction, who have higher rates of risk for both violence and victimization. We are asked to predict, prevent, and deal with the victims of violence. We have little control over the sources of the problem, modest predictive ability, and most often too few resources to treat; even the most deserving of our own returning troops, who are trained to kill, do it in war, and are not prepared well to deal with the lingering affects of war when they return to civilian life.

This years selections focus heavily on the relationship of mental illness including addiction with violence and victimization. The first section is focused on violence, [abstracts 1-8], covers the evaluation process [Abs.1-2], risk factors and co morbidity [Abs 3-5], and the victimization of the mentally ill {abs.6-8]. The second section [abs. 9-13] targets domestic, partner [abs9-11], elder abuse [abs12] and pedophilia [abs.13]. The third section [abs 14-17] deals with rising concerns about confidentiality, consent,[abs 14-15] competence and decisional capacity[abs. 16-17].

This year I started both appearing as a guest and watching Court TV, and have noticed how with the help of interviewers like Nancy Grace and Larry King the nations attention gets riveted by major forensic cases. Crime and punishment have always caught the publics attention, but perhaps even more so in periods of war and stress, along with the unconscious affects of rage, guilt, and shame that accompany the barbarous aspects of conflict.

Abstract 1 Hostility during admission…by Troisi et al.

Comment; Though society expects psychiatrists to predict and prevent violent behavior, we have limited powers in doing so, and would benefit from more guideposts, especially during periods of rising perceived dangers. Hostility and tension excitement during an intake evaluation, in this study of male psychotic patients, predicted verbal but not physical violence, which is a rare and difficult to predict event. Staff on involuntary units need skills to deal with and to defuse and to deescalate verbal aggression and to not assume

that it will lead to physical violence.

Abstract 2 Evaluation of a model….. by Douglas

Comment. This Study looks at whether structured risk assessment can be reliable and valid, and finds that clinical judgment can be aided and can predict violence in that high risk group of NGRI individuals where release occurs. HCR-20, combined with clinical judgment were significantly predictive of future violence. Clinical and forensic history, degree of insight, impulsivity, compliance, planning, and social were among the factors assessed.

Abstract 3 Delusions, Substance abuse…… by Beck [use table 1]

Comment; In this seriously violent mentally ill group 83.6% had histories of substance abuse and few were violent and delusional without substance abuse-apparently a deadly combination.. Threat control override delusions were particularly high risk. A good substance evaluation ,and careful assessment fo delusions needs o be part of psychiatric evaluations of violence potential.

Abstract 4 Comorbid … By… Putkomen et al

Comment; This Study of a comprehensive population of mentally ill homicide offenders finds both high rates [74% lifetime] of substance abuse, combined with personality disorders [51%], with most of this antisocial personality. Triple diagnosis is a triple threat for potential murder, but only a small fraction of people with triple diagnosis kill. Though treatment for triple diagnosis is difficult and success rates low, integrated treatment approaches provide more hope, but are rarely made available to this population.

Abstract 5 Substance abuse and violent ….by Grann et al

Comment; Again this study confirms an association of addiction and crime. The issue of whether this relationship is causal is difficult to prove, though likely. For example heavy drinkers may congregate in bars thqt are notorious for violence, and drug addiction may occur more often in those who don't obey laws. In any case addiction treatment and integrated treatment for psychiatric treatment must be part of any systematic effort to reduce violence, and these treatment s are sorely lacking in the criminal justice system.

Abstract 6 Violence prevention in the ED… by Zun et al

Comment. Just as victims of violence in wars, including our own soldiers, are often given

little help with dealing with their psychosocial needs, those young victims of violence who present at inner city trauma centers also generally do not have these needs attended properly, which affects long term outcome. This study finds that when resources are provided with the aid of case management, they are utilized. The benefits of linking ED and social services may go beyond a chance to reduce recidivism, re-victimization, or extending the cycle of violence bred by social, economic, environmental and mental health factors. Reductions in unemployment, homelessness and under-diagnosis and under-treatment of mental illness including addictions are likely to occur.

Abstract 7 Prevalence of Violent…by Walsh, et al.[use table 3]

This British report demonstrates an association of severe mental illness [psychosis] including addiction as a risk factor for victimization, along with other negative psychosocial problems such as homelessness and previous violent behavior. Emphasis on proper evaluation, referral, and provision of appropriate supports and treatment should be routinely done, and is often overlooked in this population.

Abstract 8 Violent victimization of persons…by Sell et al …use table three

Comment; Just as the above studies find both an increase in both victimization and violence potential in patients with Dual or triple diagnosis, this study finds higher victimization when addiction is co morbid with psychiatric illness. The mediating factors of homelessness, economic loss, alienation of support systems, illegal contacts, joblessness, and congregating with others who are dangerous need more attention. Breaking the cycle of violence requires a sophisticated integrated approach, and more resources than are generally available.

Abstract 9 Intergenerational transmission…by Erhensaft et al

Comment; This remarkable large 20 year prospective study closely followed a high risk population across generations and found the affects of learned spousal violence in both sexes and how conduct disorder can be part of a chain which leads to more spousal abuse. Bottled up feelings in children exposed to spousal abuse, addiction, and excessive punishment lead to lasting scars and a variety of psychopathology. Better efforts to identify and treat these families may prevent or break chains of violence that lead to many problems including incarceration

Abstract 10 Partner violence and….by Hicks et al

Comment; This study finds a 15 fold increase in chance of major depression in Chinese American women who experience partner violence, a finding likely to be relevant to all ethnicities. Rates of domestic violence may vary but are high

across cultures with association with substance abuse, experience of violence in family of origin, PTSD from war experiences, and other social and psychiatric stressors plying a role. The specific depressant affect of having a spouse as a tormentor may be powerful, and should be more attended to by therapists.

Abstract 11-Are sociodemographic….by Swanberg et al

Comment; This Scandinavian study finds high lifetime prevalences of emotional, physical, *sexual, and abuse in the health care System, with 52-82% of women suffering currently from some form of lifetime abuse. These issues were usually not discussed in the medical setting. Clinicians need to be aware of the high rates of abuse and to be active in evaluating, referring, and treating women who suffer abuse.*

Abstract 12-Domestic elder abuse…by Jogerst, et al

Comment; Only one fifth of the estimated more than half million cases of elder abuse get reported and substantiated by adult protective services, and reporting varies widely throughout the country, depending on specific aspects of state laws. Elders who live in states with reporting and tracking requirements have a home court advantage in the chances of being evaluated and detected, and those in these states will more likely receive the help they need. With the population aging, standardizing and improving laws, elder abuse evaluation, treatment, and research into means of prevention is needed to deal with this serious public health problem.

Abstract 13-Psychosocial and biological…by Saleh et at al.

Comment, Sex offenders probably as a group arouse among the least sympathy for considering treatment to the general public.This article points to the heterogenicity found among these individuals and challenges therapists to provide differential therapeutics to subpopulations, targeting those who might benefit from psychosocial and biological interventions. A review of the literature on treatments is provided with more hope for positive outcomes with integrated approaches than I had seen in the past.

Abstract 14- Professionals' responsibility…. By Marshall, et al.

Comment, While HIPAA laws have led most treatment providers to be very careful about confidentiality and consent, most family members and many referral sources get upset when closed out of the process. Barrier to good collaboration between therapists other providers family and the patient arise because of lack of awareness and not clear enough guidelines for release of information to families. The fact that clients choose to protect or disclose information needs to be known by families and policies in writing clearly available.

Abstract 15-Patients concerns….by Flynn et al

Comment; Electronic records hold promise for efficiency and cost effectiveness, are being favored by politicians as a cure for rising health costs, but run the risk of confidentiality breaches, which could impact patient disclosure and comfort with the system With third party review compounding these concerns , investigating 41 patient's reasons for refusal to have their records transferred to the electronic system, is useful. Sensitivity to patients concerns needs to be taken into consideration in implementing electronic data systems.

Abstract 16- Treating incompetent ….By Applebaum

Comment, Applebaum, in this well argued article points to the lack of wisdom in the Supreme Court Sell case decision, which limits and muddies the ability to treat incompetent offenders, who may spend many years in confinement without proper treatment because of lack of competency to stand trial, and their withholding of consent for treatment. Often the language and understanding between psychiatry and the law leaves a lot to be desired, and this may result in what seems to psychiatrists not good justice or care.

Abstract 17-Correlates of Treatment…..By Palmer et al

Comment; Middle aged and older Schizophrenics are heterogeneous in decision making capability, which may be affected by changes in cognitive function including understanding, appreciation, reasoning, and expression of choice. Developing better systems of informed consent procedures, and better treatment of cognitive function which could aid in improving decisional capacity are important directions to take.