

Advancing Forensic Psychiatry in Jamaica

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Forensic psychiatry is a sub-specialty of general psychiatry which relates to the assessment and treatment of persons with mental disorders who show antisocial or violent behaviour (1, 2). Forensic psychiatric practice involves the interface between mental health and the law, affording experts an opportunity to work within or in consultation with a legal system that encompasses both criminal and civil law and the numerous areas where they interact (3). It overlaps with healthcare, law, criminal justice and public safety and occurs in an evolving social and legislative context (1).

Psychiatric opinions or findings are heavily relied upon in civil matters that include conservators and guardianships, personal injury litigation and determinations of capacity. Issues regarding child abuse or neglect and child custody determination may also require the input of the forensic psychiatrist. In criminal matters, opinions on an individual's competency to stand trial, insanity defenses and diminished capacity are frequently requested (3). Healthcare concerns such as voluntary hospitalization and the right to treatment also call for forensic psychiatry expertise (3 – 5).

According to Barras and Bernheim, the theory and practice of forensic psychiatry is well over 200 years old and may have been practiced as far back as during Greek and Roman antiquity (6). Around 880 BC laws in India and other parts of Asia allowed for special consideration to be given to mentally challenged and young offenders. These persons could only be convicted of involuntary homicide and were only subject to compensation for the loss. Classic Greek law had legal codes (Draco) distinguishing murder from involuntary homicide (7). Forensic theory in medieval Europe held that individuals who were mentally ill had sold themselves to the devil and resulted in many mentally ill persons being hanged or burnt at the stake. However, during the reign of Edward I of England (1272 – 1307), insanity was argued in court as a defence and, if successful, could lessen punishment (1, 8).

Overall, forensic psychiatry mushroomed through the efforts of lawyers to use medical expertise to save their clients from the execution of a death sentence. In those earlier times, before the eighteenth century, the diagnosis of madness was made by the court on evidence of strange behaviour, given by friends and relatives. It was not until the

mid 1700s that doctors were specifically engaged by the defence to report on the mental state of an accused (9). The growth of this psychiatric specialty was further influenced by landmark cases such as that of James Hadfield who it was understood tried to kill King George III of England, hoping to be killed as a result. The McNaughtan Rules which are used to determine criminal responsibility in homicide cases in Jamaica and other parts of the world, resulted from an attempt by Daniel McNaughtan, in 1843, to kill Sir Robert Peel (the then British Prime Minister). McNaughtan suffered from paranoid delusions and believed there was a plot to kill him and hence felt the need to defend himself (10). More recently the killing of Tatiana Tarasoff by Prosenjit Poddar in California in 1969, led to the establishment of Tarasoff Laws outlining a therapist's duty to warn potential victims of impending danger ahead of any concerns about confidentiality (11).

Mileposts along the road of development of the mental health services in Jamaica have included the 1862 completion of the Bellevue Hospital, which subsequently served as the primary institution in which the majority of persons with mental disorders were treated. The 1873 Mental Hospital Act stipulated that persons for whom a special verdict had been returned that they were criminal lunatics or persons found to be insane at the time of their arraignment as well as inmates from correctional institutions were to be committed to the Bellevue Hospital. Patients with capital offences were detained indefinitely in the maximum security forensic ward of Bellevue Hospital. The de-institutionalization process of the 1960s, focussed on the establishment of Community Mental Health Services (CMHS) islandwide. This resulted in a significant reduction in the mental hospital population (12).

In 1974, the Mental Hospital Act was amended to allow a constable who found any person in a public place or wandering at large, in such a manner or under such circumstances as to denote that he is of unsound mind could without a warrant take the person to a government clinic or hospital for any attention which may be necessary. The following year, 1975, a policy decision was made to close the forensic ward at the Bellevue Hospital, resulting in the transfer of approximately 400 mentally ill criminal offenders to the Tower Street General Penitentiary (12, 13). A number of these offenders remain incarcerated there and have never been tried in court (14). This decision resulted in a termination of the admission of mentally disordered offenders to the mental hospital (12, 13).

The 1997 Mental Health Act, allowed for persons who were found unfit to plead on trial or found by a court to be

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guilty of an offence but adjudged to be suffering from a mental disorder to be admitted to a public psychiatric hospital on the warrant of the Governor-General. Where an offence is committed by a person who appeared mentally disordered, a constable may charge the person and detain him in a lock-up, remand centre or a place suitable for the detention of mentally ill persons, until he is brought before the court. This allows the constable to take the mentally disordered person to a psychiatric facility for assessment and treatment. Resident Magistrates are also mandated to request a medical practitioner to examine any mentally ill person appearing before them and give an opinion. If the person is mentally disordered, the Resident Magistrate may order detention in a public psychiatric facility (12, 13, 15).

The forensic remit of the psychiatric services as they currently exist, includes the provision of care for persons remanded in custody, those admitted to hospital and others in the community whose risk status requires that they receive mandatory monitoring and outpatient treatment. As a result, the community psychiatric services have to liaise with the Courts, Police and other agencies. It has been estimated that approximately sixteen per cent of referrals to the CMHS were from the criminal justice system (16).

Community forensic mental health services in Jamaica have developed as part of the widening spectrum of community based mental health services, to manage those persons with mental illness who pose a risk of violence towards others. There is a distinct need for further scaling up of the existing forensic mental health resources available island-wide, but particularly in the more densely populated areas of Kingston and St Andrew. Given what currently obtains in Jamaica, an integrated model of community forensic mental health is probably the most efficient approach to managing the mentally ill accused person. In the integrated model, the community forensic mental health staff will accept referrals from other mental health services, as well as criminal justice services. Ideally this service should be able to offer assessment and screening, forensic case management, specialist treatment to reduce the risk of violence and advice on appropriate placement and diversion services (17).

The fact that specialist forensic psychiatric skills are now present in Jamaica, coupled with the formal establishment of forensic psychiatry clinics at the University Hospital of the West Indies and Bellevue Hospital are significant developments in the mental health services for the country. These clinics provide services to cover the respec-

tive police divisions and are integral in training resident psychiatrists and other mental health practitioners. Forensic psychiatry has been formally included in the postgraduate psychiatry training programme of The University of the West Indies. There has also been the strengthening of the management services present within the correctional facilities, improving the standard of communication between the correctional services and the justice system. The continued evolution of forensic psychiatry in Jamaica will require the development of appropriate facilities to manage mentally disordered offenders, a more comprehensive research base and additional training and education programmes for all stakeholders (13, 18).

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