



## **A brief history of forensic mental health research**

There has been some government interest in this area of research. In 1961 A House of Commons Committee set up a small research unit linked to the high security (special) hospitals of England and Wales - Broadmoor, Rampton, and Moss Side. At that time these hospitals were the core of British forensic psychiatry. The unit's main task, inevitably, was to describe the resident populations. [? provide the resource of attaching pdfs of the SHRU reports?].

The government then set up a major review – the Butler Committee – to advise on service development. The high security hospitals were overcrowded, but general psychiatric hospitals generally unwilling to take offender patients. It reported to Parliament in 1975, recommending the establishment of medium security hospital units, that evaluative studies should be built in and 'more research in connection with mentally disordered offenders'. This landmark report established the profession of forensic psychiatry in its modern form. Funding was earmarked for 50% of the bed provision, but no provision was made for any academic development.

The special hospitals' research unit was productive within its brief, but suffered funding cuts in the late 1970s. By that time a former director of this unit had taken up the only university funded chair in forensic psychiatry in the UK, so some wider academic development was possible, although still constrained by paucity of resource. University funding for that chair was discontinued a few years after that incumbent left post.

When the Special Hospitals' Service Authority assumed management of the special hospitals in 1989, there was a revival of research strategy. Academic units were developed in each of the special hospitals and an associated chair created in Liverpool and London Universities by the mid-1990s. A similar development at Nottingham University came much later. In all cases, however, the funding came entirely from the health service. An important problem for all these units, as it originally had been at clinical service level, was lack of capacity. No academic unit can truly thrive for long with one or two senior academics. Training and supervision of new researchers takes up most of their time.

An important initiative began to change the climate. In the absence of new funds, the Department of Health set up a new line of research funding, largely using monies top-sliced from the high security hospital budgets. The National Programme on Forensic Mental Health Research & Development (R&D) commissioned scoping documents and expert reviews, a programme of research and began to build research capacity across all relevant clinical disciplines. Forty-three project grants, 12 PhD studentships and four postdoctoral fellowships were funded. The number and quality of applications for research monies was visibly improving, but the funding stream was axed in 2006. There has been no earmarked funding for forensic mental health research since.

At the same time, it became more difficult for health service providers to support relevant research on their own initiative. In April 2007 the then Director of R&D at the English Department of Health wrote to National Health Service (NHS) Trust and Primary Care Trust (PCT) finance directors announcing transfer of all research funding from local administration to the ring fenced Department of Health R&D budget. The seriousness of this situation was recognised outside our field too (e.g. Mayor, BMJ April 2007, 334:821).

It is true that monies may be sought from mainstream funders, such as the Medical Research Council (MRC) of the Wellcome Foundation, successful applications have been made and it will remain important that researchers in the field continue to access monies from the same general pools as all other high calibre researchers. No other medical or healthcare field has been, however, without its own charitable champion. This is part of what we want to change.

The clinical specialty continues to grow and yet the problems of and created by offenders with mental disorders also continue to grow. Prisons fill and community provisions are rarely taken up. There is

no lack of enthusiasm in the academic community – a Forensic Psychiatry Research Society has been established and Britain is a substantial contributor and sometimes leader in international activities, for example the IAFMHS [link to website], the Ghent group [link to website]. It is exciting that medical and psychology undergraduates are enthusiastic about the field. To fulfill their potential in it they will need funds and a career structure.

So, we have chosen to establish an independent charity – to attract funds from a variety of sources for forensic mental health research. Obvious models for this are charitable foundations for physical health problems, such as the British Heart Foundation, cancer research funders and charities for children's health. Psychiatry has a growing number of such bodies, from the more general MIND to more specific disorder charities like the Alzheimer's Society. Now and again, an organisation like the Centre for Mental Health [weblink?] has a welcome period of interest in aspects of service for offenders with mental disorder. There are some important third sector organisations with a long and successful history of working for offenders and their potential victims – for example the Howard League for Penal Reform and the Prison Reform Trust [weblinks for both of these too?]. They inform and campaign, but are not primarily funders of research and offenders with mental disorder are rarely central to their work. We want to learn from such successful organisations, however, and, where we can, co-operate with them to multiply benefit.