Improving the structure and content of psychiatric reports for sentencing
Research to develop good practice guidance

Rosie McLeod, Anna Sweeting, TNS-BMRB
and Roger Evans, Liverpool John Moores University

Ministry of Justice Analytical Report
September 2010
Improving the structure and content of psychiatric reports for sentencing
Research to develop good practice guidance

Rosie McLeod, Anna Sweeting, TNS-BMRB
and Roger Evans, Liverpool John Moores University

This information is also available on the Ministry of Justice website:
www.justice.gov.uk/publications/research.htm
Analytical Services exists to improve policy making, decision taking and practice by the Ministry of Justice. It does this by providing robust, timely and relevant data and advice drawn from research and analysis undertaken by the department’s analysts and by the wider research community.

Disclaimer
The views expressed are those of the authors and are not necessarily shared by the Ministry of Justice (nor do they represent Government policy).

© Crown Copyright 2010.
Extracts from this document may be reproduced for non-commercial purposes on condition that the source is acknowledged.
First Published 2010
ISBN: 978-1-84099-401-8
Acknowledgements

The authors
The principal researchers, Rosie McLeod and Anna Sweeting, work for BMRB, the longest established research agency in Britain, originally founded in 1933. The BMRB team worked in collaboration with Roger Evans, the Director of the School of Law and Professor of Socio-Legal Studies at Liverpool John Moores University and a Non-Executive Director of South Staffordshire and Shropshire Mental Health National Health Service (NHS) Foundation Trust. The team also worked in collaboration with Dr Claire Barkley, a consultant forensic psychiatrist and Executive Medical Director of South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

The team would like to thank all the professionals who have contributed their time, expertise and ongoing commitment for the project’s duration. The team would also like to thank the steering group members for their oversight, guidance and contributions to the project: Janet Parrott (Royal College of Psychiatrists), Judge Hone (Central Criminal Court), District Judge Gott (Stratford Magistrates’ Court), Nigel Shackleford (National Offender Management Service (NOMS) Mental Health Unit) and Dave Knight (Department of Health, Offender Health).
Policy briefing

This research study produced good practice guidance on the structure and content of psychiatric reports for sentencing. It consisted of a three-stage process of fact finding, development and testing involving key stakeholders from the judiciary and magistrates’ court staff and psychiatrists. The guidance addresses the commissioning, administration and production of reports.

After testing, participants in the research process considered the guidance produced to be useful and relevant. Her Majesty’s Court Service (HMCS) should consider:

- how to ensure that the guidance is fully deployed; and
- whether its use should be monitored and further evaluated.

Research participants considered that mental health criminal justice liaison schemes identified mentally disordered offenders earlier, which reduced delays to sentencing. HMCS should consider how this fits with current work streams in this area and whether these findings need to be further explored.

A number of barriers to the commissioning of reports were identified, including finding psychiatrists, funding arrangements, the detail in letters of instruction and timescales for completion of reports. The guidance addresses some of these issues, and HMCS should consider how these findings relate to current work on inter-agency service level agreements including the recommendations of the Bradley Report.

Judiciary and court staff expressed interest in further training to raise awareness of mentally disordered offenders’ needs and provision for them.

The research methods used in this study define and describe the range of emergent issues and explore linkages, rather than measure their extent. The views of the individuals in this research therefore cannot be generalised to the wider population of professional stakeholders.

Given the limitations of this study, HMCS should consider whether this research should be further developed. It might also consider whether this approach could be built into the routine activities of court users groups in order to ensure that guidance is current.
Research summary

The purpose of this research was to improve the structure and content of psychiatric reports used in sentencing through producing good practice guidance. Reports used in sentencing should have been commissioned by the courts (rather than by the defence), but in practice this was not always the case. Many stakeholders (such as court staff and members of the judiciary) felt that the current system for commissioning psychiatric reports for sentencing purposes lacked efficiency and produced reports without the information needed. The absence of a uniform approach to report writing also resulted in wide variations in quality, content and costs. Good practice guidance on the commissioning, administration and production of reports could help produce relevant, high quality reports at a standardised cost.

The project team worked closely with practitioners to directly develop and change practice in an approach called 'action research'. This was a multi-staged method in which issues were explored, analysed, fed back and reconsidered by practitioners to ensure that the guidance developed was useful and relevant. The research had three stages. The first comprised 40 in-depth interviews with a range of psychiatrists nationally, and court staff, judiciary and legal representatives from two case study areas. This identified the key issues in the commissioning process impacting on report structure and content. The second stage sought feedback and reflection on the interview findings. Nine mini-groups and two panels, consisting of a new cohort of professionals from different areas, developed a draft of good practice guidance. The third stage tested the guidance with those involved in previous stages of the research. The views of the individuals in this research cannot be generalised to the wider population of professional stakeholders. The aim of the study was to define and describe the range of emergent issues and explore linkages, rather than to measure their extent.

Stage 1 results

Ordering reports

All court staff and judiciary involved in the research experienced difficulties in commissioning reports, and they therefore often requested defence to commission reports as a default position. The judiciary found this could result in reports which were less geared to the needs of the sentencer. Where courts commissioned reports themselves, magistrates’ court staff reported greater variation in practice because they had difficulties finding psychiatrists willing to do the work. Reports for magistrates tended to be less complex and therefore cost less, which deterred psychiatrists from accepting commissions. This had led to a reduction in the number of reports ordered. Judiciary and court staff experienced fewer problems commissioning reports in Crown Court than magistrates’ courts.

Identifying the need for a report occurred in an ad hoc way by a range of parties, and psychiatrists felt that offenders who required reports were not always identified. In some cases, failure to identify the need for reports was related to magistrates’ and court staffs’
lack of familiarity with the commissioning process. Members of the judiciary and court staff with a criminal justice mental health liaison scheme (CJMHLS) at their courts felt these mental health professionals enabled the court to better identify mentally disordered offenders early in the process. CJMHLS staff were also better able to decide if an assessment by, for example, a community psychiatric nurse would be sufficient for sentencing purposes rather than a full psychiatric report. Court staff and judiciary felt the introduction of the CJMHLS teams reduced the number of adjournments for reports to be prepared and therefore reduced delays in sentencing.

Administering reports
In the administration of the process for obtaining reports, systemic delays and management issues impacted upon the timeliness, cost and quality of reports produced. Delays to commissions were caused both whilst waiting for Legal Services Commission (LSC) approval of funding and in finding a psychiatrist who was prepared to take the commission within the timescales required. All participant groups felt this caused reports to be commissioned from psychiatrists who lacked the requisite expertise or knowledge of local mental health services. Secondly, the ineffective management of commissions created delays, whilst psychiatrists found the absence of a single point of contact in some courts meant there was no mechanism of accountability when report production went awry. This allowed reports to ‘drift’ in production, creating unnecessary delays and escalating costs.

Producing reports
In writing reports for courts, psychiatrists needed letters of instruction to be specific and to have full documentation available to them at the time that they were instructed. All participants recognised that letters of instruction which were brief or vague hindered psychiatrists in producing a focused report. Immediate access to the offenders’ medical notes, case bundles, other relevant information and an interview with the offender also speeded report delivery. Access to records was hampered by common failure to liaise effectively between agencies, including probation, mental health and prison services.

Overall, the judiciary found reports to be useful and of a good quality, although some reports were found to be ‘vague’ in their recommendations. This depended upon clear conclusions and recommendations, including arrangements for treatment. Simplicity of language, signposting the contents and reports of a length appropriate to the nature of the case were also considered important. Psychiatrists were concerned that those who wrote outside their own areas of professional expertise did not have the necessary knowledge to make an appropriate risk assessment of the offender in their reports.

Overall, there was strong enthusiasm for developing guidance to improve reports, and practical suggestions for its format and contents were volunteered from an early stage. Guidance was viewed as a means to share good practice, increase understanding of roles
and responsibilities, and bring shared expectations to raise accountability. Guidance was also hoped to create greater uniformity of approach and improve standards overall.

**Stage 2**
In developing the guidance, it was suggested that there should be three main sections: on the commissioning process; on administration of reports; and on the production of reports. This could be contained in one document which would aim to cover the needs of different audiences.

**Guidance on the commissioning process**
For commissioners, the guidance would provide an explanation of the role of psychiatric reports to inform sentencing, and a background to the sentencing options available with a psychiatric element. Pro forma report requests would be designed for use either directly in the court room to be passed to clerks, or as a point of reference and quality standard.

**Guidance on administration of reports**
The guidance would provide a list of tasks for completion and documents for inclusion by the professional responsible for administering the process of obtaining reports. Alongside this, a pro forma for letters of instruction would be developed. This would ensure sentencers’ requests for reports gave a clear steer to the psychiatrist and simplify administration.

**Guidance on production of reports**
For psychiatrists producing reports, considerations and tasks to be undertaken prior to agreeing authorship would be listed. A report template would be provided to ensure an appropriate structure was followed.

**Stage 3**
The guidance received positive feedback from the three stakeholder groups. Changes were made to make guidance on the roles of court staff and judiciary less prescriptive, but no other major alterations were necessary. An audit tool developed by Avon and Wiltshire mental health trust was included to help monitor reports and enhance their quality. Despite the participants’ initial concerns that guidance could not address certain issues relating to the broader commissioning process, they were reassured that work by HMCS to resolve these issues was in progress. The project was considered to have succeeded in creating a usable document, which would help to harmonise and regulate the commissioning process overall.

Moving forward, the research team recommended that a full pilot of the guidance should be undertaken. Conducting further research to provide a more systematic and comprehensive evidence base on the commissioning and quality of psychiatric reports for sentencing was also recommended.
1. Context

1.1 Policy background
Psychiatric reports were commissioned by Her Majesty's Courts Service when an expert medical opinion was necessary to assist sentencing of adults in criminal courts, as a defendant was considered to have a possible mental disorder. Such a report could also be commissioned by the defence legal representative, often with the aim of minimising the severity of the sentence passed.

Such reports served several purposes for the sentencer. Firstly, they would identify whether the offender was mentally disordered. Secondly, they would provide expert evidence to help the sentencer to consider how effective different sentencing options were in terms of the treatment of the mentally disordered offender and the management of any risk to the public. Thirdly, sentencers would look to the psychiatric report to inform them whether the defendant was mentally disordered for the purposes of the Mental Health Act (Department of Health, 1983; amended 2007). This would inform the magistrate or judge on how to balance the need for mentally disordered offenders to receive specialist mental treatment with an appropriate disposal proportionate to the nature and severity of their offence(s). A relevant report that was sufficiently comprehensive would allow the court to decide on the appropriate outcome for the offender and preclude the need for additional information such as oral evidence.

Ensuring the provision of timely and relevant psychiatric reports for courts was considered crucial in terms of outcomes for the offender and the public (Department of Health, 2009). However, problems with obtaining reports, their timeliness and their quality have been identified by several recent studies and are outlined in this section.

Difficulties in obtaining psychiatric reports related to the fees provided by courts. Although both magistrates’ courts and Crown Court applied the same fee structure, the greater complexity of cases heard in the Crown Court increased the sum paid for these reports. Exploratory research by Khanom et al. (2009) found that practitioners reported the greatest barrier to the creation of a community order with a mental health treatment requirement was psychiatric reports. This was due to problems relating to costs and delays such as the conflicting time constraints of the courts’ and psychiatrists’ busy schedules (Khanom et al., 2009). Reports were generally undertaken outside psychiatrists’ NHS time unless service providers were known, but courts might have difficulty locating the appropriate local NHS psychiatrist for the offender because health services and prison service districts had different boundaries.

The Bradley Review on people with mental health problems and learning disabilities in the Criminal Justice System (CJS) found the timeliness of reports was critical to their utility. This was to ensure the report could inform the court before it passed sentence. However, stakeholders overwhelmingly believed that inconsistent service provision among all agencies
involved contributed to unnecessary delays and costs to the Criminal Justice System (Department of Health, 2009). At times, these delays could have exacerbated mental health conditions or led to sentencing in the absence of a report on mental condition (Criminal Justice Joint Inspection (CJJI), 2009).

The quality of reports for sentencing has often been criticised, as the content was not always felt to be relevant or had not met the specific purposes for which it was commissioned (CJJI, 2009). They were said, for example, to have failed to make assessments of risk and dangerousness or to identify risks associated with different disposals, and shied away from making recommendations (Hean et al., 2009). The use of inappropriate language (language other than medico-legal terminology), and an apparent lack of understanding of the criminal justice system were also seen to lower the quality of reports (Marchevsky, 1998).

Apart from the studies discussed above, there was little literature specifically focusing on psychiatric reports for sentencing as either empirical research or informed comment. However, it was widely accepted in practice that report writing is inadequate (Hean et al., 2009) and what there is tended to reinforce the general critique of reports, (Marchevsky, 1998). More broadly, literature has pointed to the challenges facing professionals involved in managing the needs of mentally disordered offenders within existing legislation (Laing, 1999; Littlechild and Fears, 2007). This supports the suggestion that improvements to psychiatric reports used in sentencing could be relevant to improving practice overall.

Progress had already been made to address concerns about the variable frequency in production of psychiatric reports through the National Delivery Plan of the Health and Criminal Justice Programme Board. HMCS, in partnership with Offender Health, had developed a national service level agreement with contracts to provide reports to stated timescales and costs, which was successfully piloted in the London and South West regions. Both pilots were the subject of an independent evaluation, and the learning from the pilot schemes informed the production of a national template and guidance on service level agreements which was to be published in 2010.

At the time of the research (2009) there was no consistently applied national system for the commissioning, tracking and monitoring of reports (CJJI, 2009). There were also few resources available to support psychiatrists writing for the court. Good practice guidance existed on the provision of psychiatric reports for courts in general, although this was not specifically on reports for sentencing (O’Grady, 2004; Rix, 2008; Royal College of Psychiatrists, 2008).

There was no good practice guidance addressed to the different interests of three main stakeholder groups concerned with commissioning and producing reports, i.e. judges and magistrates, court staff and psychiatrists or the relationship between them. The aim of this project was to develop such guidance in consultation with these groups. This was hoped
to increase understanding of the multi-agency co-ordination required, raise standards and lead to the more efficient and timely production of relevant and useful reports. Good practice guidance was already in use in other areas of the Criminal Justice System, such as criminal procedure rules (Ministry of Justice, 2009) and the guidance manual for the conduct of Achieving Best Evidence police interviews (Criminal Justice System, 2007).

1.2 Research aims
BMRB was commissioned by the Ministry of Justice in April 2009 to conduct an action research study (explained fully in section 2 of this report) to improve the structure and content of psychiatric reports for sentencing, with the goal of producing good practice guidance. In particular, the research aimed to:

- examine the usefulness and quality of psychiatric reports for sentencing purposes;
- identify the strengths and weaknesses of the current commissioning process for psychiatric reports, specifically related to structure and content; and
- investigate means of increasing efficacy of the process, with the goal of producing good practice guidance for future testing.

1.3 Structure of this report
This report presents the findings of research with stakeholders who worked with psychiatric reports for sentencing, and formed the evidence base for the development of good practice guidance. It begins with an account of the three-staged methodological approach the study took. In section 2, findings are presented from each of the three stages of the research process: gathering evidence in Stage 1; developing guidance in Stage 2; and testing guidance in stage 3. The implications of the findings for policy are then outlined, and additional resources of interest are listed. Finally, suggestions are made for further research related to the subject area.
2. Approach

2.1 Action research
The project used an action research methodology which involved working closely with practitioners to directly develop and change practice. It was an ideal method to be used in the development of good practice guidance in relation to psychiatric reports for three main reasons.

- There was virtually no systematic empirical research on the use of psychiatric reports for sentencing. An iterative process of fact finding and critical evaluation based on the experience of practitioners was therefore an effective and time-efficient way of filling this gap.
- It was an effective way of ensuring that the guidance was useful to practitioners, as their views were sought at each stage of its development.
- The approach encouraged ownership amongst practitioners of the guidance, as they were involved in its production.

The social psychologist Kurt Lewin is generally credited with developing the idea and the methods of ‘action research’ (Lewin, 1948). The essence of the approach is to create an iterative spiral of steps, ‘each of which is composed of a circle of planning, action and fact-finding about the result of the action’ (Lewin, 1948). It is a self-reflective investigation, undertaken by participants in order to improve their own practice and the situations in which their practice is carried out (Carr and Kemmis, 1986).

Issues were explored, analysed, fed back and reconsidered over a period of time. As a result this research was designed to be multi-staged, iterative and consultative in its approach. The involvement of professionals, including judges, magistrates, court staff and psychiatrists, was essential at all stages of the process, and it was hoped they were encouraged to become ‘critically reflective practitioners’ as they engaged with it.

2.2 Overall design
The research progressed through three stages. The first involved research to identify the key issues with the commissioning process and the structure and content of reports; the second revisited the key issues with a different sample of professionals and developed a draft of the guidance; and the third tested the guidance produced. A steering group convened by the MoJ advised the research team throughout the life of the project to bring a formal review process, as well as offering ongoing consultation and support. Presentations at each stage of the cycle allowed for their professional views to be included.
2.3 Stage 1
Stage 1 explored experiences in relation to psychiatric reports, considering issues relating to:

- the commissioning of psychiatric reports, in particular exploring strengths and weaknesses of the current process and how it could be made more efficient;
- the current production of psychiatric reports;
- the structure and content of psychiatric reports; and
- the quality and usefulness of psychiatric reports.

It involved 40 in-depth stakeholder interviews lasting approximately one hour each using a topic guide developed by the team (see Appendix 1). These were undertaken by the research team in spring 2009. Only those individuals with recent and direct experience of producing or using psychiatric reports in their work were recruited to the research. Case study areas were chosen to reflect national variations in practice. Interviews with a range of practitioners within the area provided insight into practice at an operational level across the two case study areas.

The interviews were divided into two groups.

- Interviews held with 24 professionals working in Crown Court and magistrates’ courts in the two case study areas of London and the North East of England. This geographical spread encompassed rural and urban communities in order to reflect national variations within the sample. The interviewees included 12 judges and magistrates, six other court staff, such as legal advisors and court clerks, and six legal representatives. These interviews gave a clear depiction of the processes involved from the perspectives of a range of professionals.
- Sixteen interviews with psychiatrists from across the country provided a mix of metropolitan, urban and rural practice contexts of psychiatry.

The qualitative research methods used in this study neither seek, nor allow, data to be given on the numbers of people holding a particular view nor having a particular set of experiences. The aim of qualitative research is to define and describe the range of emergent issues and explore linkages, rather than to measure their extent. The views of the individuals in this research therefore cannot be generalised to the wider population of professional stakeholders.

Appendix 1 gives a detailed breakdown of the sample.
2.4 Stage 2

Research in Stage 2 explored reactions to findings from the first stage of research and began the development of good practice guidance. This research was conducted between July and September 2009 and comprised two key stages: conducting focus group discussions of between two to four people (mini-groups), and holding two round-table events with participants (described below).

Stage 2a: Mini-groups

Stage 2a sought to:

- discuss and critically reflect upon the findings from the first research cycle with a new cohort of professionals;
- probe more deeply to further understand the issues identified; and
- use this information to discuss and develop suggestions for the guidance.

Nine mini-group discussions of two to four participants were held with a new cohort of professionals. Two new court case study areas, Liverpool and Essex, were chosen to ensure a wide range of views were considered, with an even split of respondent types interviewed in each area. Six mini-group discussions with court staff were conducted, including two groups with judges and magistrates; two groups with legal representatives; and two groups with other court staff. Three mini-group discussions with psychiatrists were also conducted in London, Sussex and Avon.

Discussions in Stage 2a covered the same key areas as the interviews in Stage 1. The original topic guide was used to establish participants’ experiences, but was used in conjunction with stimulus materials which presented findings from the first stage of research. Additional questions were added which encouraged participants to discuss and critically reflect upon the findings from Stage 1. This enabled participants to identify areas in which their professional experience or opinions differed from that of the first sample of participants. These areas were then probed by researchers to gain further clarification on the reasons behind these differences.

Following reflections on the findings, issues raised in relation to the production of good practice guidance were outlined and participants were encouraged to make suggestions for its development. An early working version of good practice guidance was then drafted using these findings.
Stage 2b: Round-table events
Stage 2b focused on the development of the guidance. It aimed to provide a forum to:

- consider current suggestions for guidance; and
- deliberate and discuss the form for guidance, considering usability, comprehensiveness, and impact on the quality of reports in practice.

Two round-table events were held in London and Newcastle, bringing together participants from across the previous two research Stages. Findings from the interviews and the mini-group discussions were provided, and suggestions for guidance were discussed to invite ideas for improvements. Due to participants’ busy work schedules, only ten of the 45 invited were able to attend the sessions. However, several professionals were able, at their own request, to participate through telephone feedback.

2.5 Stage 3
Those who had been involved in either the first or second Stages of research were invited to participate in the third phase of the work, in which the guidance document was tested. The aims of this Stage were to:

- test the guidance among professionals who would use the document on the ground;
- gain feedback on the relevance and usefulness of the guidance; and
- identify any necessary amendments or changes to the guidance.

The developed document was circulated by email among a panel of 42 participants who had consented to recontact. In addition, several participants’ colleagues requested participation at this stage and were included in the email circulation. Feedback was provided by email or telephone. Participants were asked to consider the relevance of the guidance, its usefulness, navigability, whether any content was missing, and to report on how the document was used in practice.

2.6 Conduct of research
Recruitment
The research team identified the sample. With previous experience of working in this area, the team used both pre-established relationships with courts alongside new contacts to optimise the sample spread. A letter of verification was used to demonstrate the legitimacy of the study. It was critical to the success of the project that stakeholders were fully engaged in the process. Although an in-house recruitment team was available, the research team recruited participants themselves to establish a personal rapport with individuals from the beginning of the study.
Analysis
All data gathered in Stages 1, 2a and 2b of the study were digitally recorded with participants’ consent, and transcribed verbatim for analysis. To ensure participant confidentiality and anonymity, only the research team had access to the raw data, which were to be archived and destroyed six months after the project. The study was wholly qualitative in nature, and was not designed to provide any numerical or statistical data. The aim of the research was to define and describe the range of emergent issues and explore linkages rather than to measure their extent.

Transcripts were analysed through a technique called Matrix-Mapping. A thematic matrix was constructed based on the topic guide and researchers’ experience of conducting interviews, and the transcript material was then summarised into this framework. The research team then reviewed the material and identified features within the data, mapping the range and nature of phenomena, finding associations, and providing explanations. This approach identified themes that emerged from the interviews, as well as highlighting differences between groups. This enabled the team to develop a detailed understanding of the issues pertinent to the study.
3. Findings

This section considers findings from Stages 1, 2 and 3 of the research and is ordered to address the research aims of each stage.

3.1 Stage 1

This section briefly outlines participants’ views on the commissioning process then identifies their views of the key issues affecting the efficiency of the process at each stage. It then explores specific issues in relation to structure, content, quality and usefulness of reports. Finally, it outlines the research team’s early thoughts on the potential role of good practice guidance in improving practice.

The commissioning process

The commissioning process involved three stages: the ordering and requesting of reports; the administration of reports; and the production of reports. Four main routes for ordering reports were identified by participants. Firstly, reports could be requested by the defence counsel. Secondly, judges or the bench could request reports which were then commissioned through the defence solicitor, as this could be funded through applications to the Legal Services Commission. Thirdly, the judge or bench could make a verbal order for a report which was administered through the courts. Fourthly, probation may highlight concerns about an offender’s mental health needs.

Those responsible for the administration of the report would then contact and commission a psychiatrist, sending a letter of instruction and documents relating to the case, and liaise on the delivery of the report.

To produce reports, psychiatrists would first confirm their professional expertise to write on the offender’s situation, and then receive the case summary, witness statements and any other relevant materials. They generally then made contact with other professionals such as the offender’s GP and probation or prison services staff, to arrange an interview with the offender. Where deemed necessary, the offender’s family members would also be interviewed.

Ordering and requesting of reports

The key issues raised in relation to ordering reports were different for Crown Court and magistrates’ courts due to the nature and management of cases heard, and differences in respective rules on cost.

Crown Court

In Crown Court, judges generally found the issuing of requests for reports to work well, and did not experience difficulties obtaining reports because court staff were familiar with processes for negotiating commissions. This said, some judges raised issues in relation to their control of the content of requests.
Control of requests: Several problems for The Crown Court appeared to stem from the tendency for the defence counsel to write the letter of instruction to the psychiatrist. Some judges reported that once ordered, the defence counsel would commonly fund reports through the Legal Services Commission. These judges felt they were then distanced from the commission, and did not have the opportunity to stipulate the questions the report should address. These judges found this resulted in reports with less information geared to the needs of the court for sentencing. Therefore, some judges preferred court (HMCS) funded commissions.

Magistrates’ court
Magistrates’ courts varied widely in the frequency with which they ordered reports. For example, the staff in one court believed they had only ordered one report in the past year, whereas court staff in London reported up to one case per week being adjourned for a full psychiatric report. Whilst the reasons for this were manifold, many participants felt it highlighted several problems with the commissioning process (described below).

The deterrent of limited fees for psychiatrists: all court staff found themselves constrained by limited fees in payment for reports, particularly in magistrates’ courts. Some legal advisers and magistrates felt this limited the frequency with which reports were ordered. For some psychiatrists, the short time available to write reports and a relatively low financial incentive (particularly in magistrates’ courts) for senior professionals meant reports were considered onerous and could be refused. As a result, longer periods of remand in custody and the potential for inappropriate sentences to be passed in the absence of reports were a serious concern to all participants.

“The problem that we’ve got in recent years is, we can’t even get a report, never mind getting somebody to actually supervise the people, so that’s the problem basically in a nutshell...It’s because the regulations stating how much we can pay haven’t kept pace with inflation.”

(Court staff)

Court staff in the rural North East felt that low fees may impact on courts in rural areas particularly due to issues such as longer travel times between locations for psychiatrists.

Identifying whether reports were required: a range of psychiatrists and court staff suggested that the ordering of reports did not always clearly reflect the needs of the offenders or sentencers. In certain areas, psychiatrists, magistrates and court staff felt that offenders who required a psychiatric assessment were not always identified and therefore no report was requested. For example, one psychiatrist reported attending court to volunteer an assessment of his patient, because no other agency had identified a mental health need during the case. Participants agreed that solicitors were generally relied upon to draw the magistrates’ attention to the possibility that the defendant was
mentally disordered. Magistrates and probation staff also thought the pre-sentence report provided by probation would indicate the need for a report, if appropriate.

“If it is missed by the solicitor, I am confident it will be picked up by the probation officer and investigated and at the end of the day it may come to nought, but I think there is a bit of a safety net there.”

(Magistrate)

However, whilst the ability of probation services to recognise mental health issues was praised by certain courts, probation staff themselves highlighted the lack of specific training received for this aspect of their role.

“I think it’s quite difficult because none of us are mental health trained so I wouldn’t really know if someone really needed one. So I think that’s probably the problem that no one in the court is in that position that they would probably know.”

(Probation officer)

Court staff with access to screening by liaison and diversion services felt this assisted early identification to address this issue (see Good practice box, below).

Knowledge and familiarity with the commissioning process: magistrates felt they were not familiar or confident with the commissioning process. Some psychiatrists considered this to be a key barrier to access to reports for offenders. Where reports were ordered, all participants found they tended to be requested and managed by the defence counsel. In these cases, the problems arising for the Crown Court when the defence counsel exerted influence on report requests were also relevant.

“It’s possibly the first time we’ve seen this person, we would have to be guided by the person who really knows them and it goes back to the defence solicitor.”

(Magistrate)

Good practice
Psychiatrists and court staff praised the introduction of mental health criminal justice liaison schemes in some courts (NACRO, 2009). Depending on the exact role and remit of the scheme, these screened for offenders with mental health issues at various stages in their progress through the system. The advantage of this for commissioning psychiatric reports for sentencing was that screening could lead to early identification. This enabled consideration of whether a full psychiatric report was necessary or whether a briefer assessment, for example by a Community Psychiatric Nurse, would suffice. Court staff and District judges perceived this to have lowered the number of requests for reports, particularly from the defence counsel. This reduced any delays in sentencing caused by adjournment for reports.
Administration of reports

Many judges, magistrates and court staff considered the principal weakness of the commissioning process, in both Crown Court and magistrates' courts, to be the unpredictable delays in the period between ordering a report and its use in the court room. Delays were seen to stem from several key issues relating to the administration of reports:

- delays in receiving approval from the LSC for funding reports;
- ad hoc arrangements for identifying suitable psychiatrists;
- ineffective management of commissions; and
- lack of an accountable single point of contact.

Delays in receiving approval from the LSC for funding reports

Court staff found defence counsels’ applications to the LSC to fund reports frequently caused delays of up to six weeks, requiring adjournments which increased costs. Psychiatrists felt prolonged adjournments to be a potential hazard for offenders who might be in need of treatment. However, according to judges and court staff, it had become habitual to fund reports through the LSC because the LSC could meet higher costs than the courts could.

Ad hoc arrangements for identifying suitable psychiatrists

In both Crown Court and magistrates’ courts, staff reported the methods for commissioning a psychiatrist to be extremely ad hoc. For example, many judges felt that they should not have a personal role in selecting the psychiatrist. However, a few judges were confident in a particular psychiatrist so preferred reports to be commissioned from them, and Crown Court clerks found this to work well in cases where the Crown Court routinely commissioned reports.

“I commissioned a report the other day, and asked for XXX to write it because I like his stuff.”

(Judge)

Most court staff felt they lacked knowledge or information on the most appropriate professionals for a given case, and suggested they would benefit from a list of psychiatrists and their specialties.

“I think a weakness is that when we order the report, we don’t necessarily have in mind an author and in my experience, the reports that are written, that are on time and that are the most beneficial reports are those where, at the outset, we’ve identified a particular doctor or practitioner to prepare that report.”

(Court staff)

Ineffective management of commissions

Crown Court staff, magistrates’ court staff and psychiatrists found that co-ordination with the psychiatrist at the point of commission was essential. They agreed that failing to get early
confirmation on details, such as report submission dates and exact fees, caused delays and disagreements. A few psychiatrists experienced long delays in payment where there was no clear procedure in court administration, with a detrimental impact on their attitudes towards possible future commissions.

“They never pay on time; in fact we had one of our colleagues who was complaining that he hadn’t been paid for over eight months. They don’t even acknowledge your invoice, you just probably see six months down the line a cheque in your post and you’re left wondering ‘whose report was this for?’”

(Forensic psychiatrist)

**Good practice**

Court staff in both courts identified a number of administrative tasks which are important to the efficiency of management of the commission. These were:

- gaining consent of the offender to undergo a psychiatric assessment;
- agreement of timescales for report delivery; and
- gaining access to medical records and arranging for their delivery.

**Single points of contact**

In the Crown Court, judges and court staff were generally quite satisfied with their roles in the process, and reported that most aspects of the administration of reports ran smoothly. However, court staff in magistrates’ courts were concerned that there was no single point of contact to ensure that the various tasks were co-ordinated and to bring a mechanism of accountability to the process. They felt delays and confusions stemmed from the ad hoc assignment of administrative tasks and responsibilities between legal advisers, defence counsel and probation officers.

“At the moment you tend to have a lot of correspondence from different parties addressed to everybody, and not really knowing what’s happening.”

(Court staff)

Where there was no point of contact to manage progress updates to courts and warn of possible delays, magistrates’ court staff found reports could ‘drift’ and time-lags went unaddressed.

“As soon as the report has been ordered by the court, then you [should] identify who’s going to do that and then write and say, well, please do it. This is where it all breaks down, to some extent, because everyone’s, you know, thinking about their next case or something else and it’s easily done.”

(Court staff)
Production of reports
Psychiatrists generally raised four key issues which influenced the quality of report provision. These were:

- specificity of letters of instruction;
- full and timely receipt of documentation;
- writing within professional expertise; and
- feedback and accountability for reports.

Specificity of letters of instruction
In both Crown Court and magistrates’ courts, all participants considered the quality of letters of instruction to be a key determinant of the quality of reports, because psychiatrists used this to determine what the judge or bench required from them.

“We have all got different ideas about reports and what the court wants and what people want, but sometimes that isn’t what the judge wants or what the court wants and you haven’t actually answered the question.”

(Forensic psychiatrist)

All psychiatrists found letters of instruction varied widely in their clarity and detail, but it was reportedly common to receive ‘vague’ instructions of only one sentence with no specification of issues to address. They attributed this to a low awareness among court staff of both mental health issues and the needs of the psychiatrist. Psychiatrists also felt that legal representatives were sometimes inclined to leave instructions as general as possible, because they sought any information which may be used to mitigate sentencing.

Judges and experienced psychiatrists felt that those with extensive experience of writing reports might be better able to infer what was required. However, these participants felt that a lack of specific reference to sentences and issues to address would be problematic for less experienced professionals.

“If they give you an idea as to what they were thinking…it directs you as to what you’re supposed to be writing about, but when you don’t know then it’s kind of vague, you have to read between the lines.”

(General psychiatrist)

Where instructions were brief and general, a few psychiatrists reported pursuing the commissioner for further information, but felt this could delay report delivery. Certain psychiatrists reported that they would refuse to produce a report without the necessary details. Others felt a vague request would force them to produce a very general report (see following section Quality and usefulness of reports).
Good practice
A psychiatrist would expect to receive a letter which included the case bundle, as well as GP and medical records and a pre-sentence report (PSR) if this had been produced. Case bundles included transcripts of police interviews, witness statements and a list of previous convictions.

The contents of a letter of instruction would include:

- all details of the offender and offence, including address and medical notes;
- details of all other relevant professionals involved in the case, such as probation officers and defence counsel;
- a detailed specification of what the report should address, following the request from the court; and
- the date for return of the report.

Full and timely receipt of documentation
Several barriers to accessing documentation were identified by psychiatrists. For example, psychiatrists reported that solicitors occasionally withheld documents such as witness statements because they did not support the defence’s position, and probation officers were not always ready to provide psychiatrists with the pre-sentence report on grounds of confidentiality.

“Probation sometimes won’t release their pre-sentence reports to me on the grounds of confidentiality, there’s a real inconsistency, some will and some won’t so that could do with straightening out actually.”

(Forensic psychiatrist)

In addition, many court staff and psychiatrists reported considerable time and effort spent to locate, request, pay for and take delivery of photocopies of GP notes and other medical records.

“Sometimes medical records can be slow or onerous or difficult to get hold of... and likewise GPs. Not because they’re obstructive but because they’re busy and it takes time...there are necessary bureaucracies within trusts.”

(General psychiatrist)

Finally, psychiatrists were not always made aware of the location or relocation during custody of the defendant, which delayed the arrangement of an interview.

These participants felt the delays in receiving materials led to delays in delivery of reports of up to several weeks. Some psychiatrists reported that when they were unable to obtain the documents they had requested, such as witness statements, they would refuse to produce a report, or would add caveats to any recommendations with a clear statement of the limiting effect of its lack on the fullness and quality of the report.
“Sometimes you think, I’ve not got all the records, but I’ve got enough and I feel comfortable about being able to give an opinion, but it’s really quite hard.”
(Forensic psychiatrist)

**Writing within professional expertise**
In agreeing to commissions, many forensic psychiatrists were concerned that others within the profession were prepared to take on reports on subject areas beyond their proper expertise. These participants considered this to be a breach of duty to the court and to the public, as well as to the defendant or patient.

**Feedback and accountability for reports**
Following report submission, many psychiatrists commented on the absence of a feedback loop to assist them in improving reports. Although judges felt they were free to return reports if their quality was substandard, psychiatrists felt they would benefit from appraisal, either by judges or by their colleagues. Most psychiatrists felt ‘in the dark’ about how their reports were viewed and how useful they were for sentencing purposes. By their own admission, they felt too removed from the courtroom or judge to develop a stronger understanding of what was required in a report.

“You very rarely get feedback on any reports that you write in this way. Which is quite frustrating, I think, when you’re writing them because how can you improve if you don’t know what bits were done well and what bits were done poorly? So, I think a kind of in-built audit process which would sort of feed back. Being more routine would be helpful.”
(Forensic psychiatrist)

**Structure and content of reports**

**Structure**
Most psychiatrists described a reasonably uniform general forensic report structure used for reports for sentencing. Judges and magistrates emphasised the importance of clear signposting to enable navigation through the report, and this was generally found to have been provided. Less commonly, however, judges were frustrated to encounter reports they found to be badly signposted and unwieldy, causing precious time to be lost in trying to locate information. They attributed this problem to the report writer’s lack of training or experience.

**Content**
Participants agreed that reports typically began by recording the details of the offender and offence; details of the psychiatrist; a list of documents used in writing the report; and the questions the report was required to address. The report then covered the offender’s personal background; the index offence committed; and the offender’s psychiatric history. A risk assessment of the offender in relation to harming himself/herself or others, and to reoffending, was given. This linked to a consideration of treatment options, with recommendations and conclusions. Finally, the arrangements for treatment and any medical recommendations were made.
Generally, judiciary considered the content of reports served their purposes well. Psychiatrists reported the main area of difficulty to be the provision of risk assessments. In clinical practice, these were conducted multi-professionally over time, but were considered difficult to determine through a single assessment at a given moment. In the court setting, some psychiatrists used structured tools such as the HCR20, a guide for the assessment of violence risk. However, these tools were intended for use across a population. Many forensic psychiatrists emphasised that they did not have any statistical significance when applied to an individual.

“You need to take a longer picture of people, not just a snapshot”

(Forensic psychiatrist)

Some psychiatrists felt that this issue was the subject of some contention for their profession, but that there was little guidance or discussion among peers about to how to approach risk assessments. Furthermore, a range of psychiatrists suggested that both general and forensic psychiatrists of varying experience may be reticent in sharing practice or asking questions, due to a fear of appearing unqualified to author a report.

“There is very little consultation, I think because there’s a sense of unease about not being a specialist in this area and doing the work.”

(Forensic psychiatrist)

Length

Participants reported the lengths of reports to vary widely, from three to forty pages. Length was a key feature in discussion of the strengths and weaknesses of reports across stakeholder groups, and views differed as to what good practice constituted, particularly among psychiatrists. Overall, length was perceived to depend on a range of factors, including:

- the psychiatrist’s own view as to appropriate lengths for reports, normally reflecting their training;
- the psychiatrist’s skills and ability to write succinctly;
- the fees paid and time allocated to produce the report;
- the extent of the material available (such as psychiatric case notes) to use as an evidence base;
- a sense of duty to the court to include all information considered pertinent to the case;
- the psychiatrist’s opinion as to whether the report should be developed for sentencing purposes only or should have wider use for future reference; and
- the nature and complexity of the case.
For some psychiatrists, the length of the report depended on the case at hand. Psychiatrists expected cases they deemed to be of greater complexity to take more time and result in longer reports. For example, where the report constituted the first psychiatric assessment of the defendant that had been undertaken, this would require a detailed analysis of defendant history for the first time.

“Judges might say, ‘why have we got all this extra stuff, we just want the advice about the case’. But my response is to say well this might be the first time that someone has pulled together relevant information about somebody relating to personality, experiences, their risks and hopes, and a good report is a really useful document for someone else to pick up. I have probation’s reports; I always recommend that any other professional involved in managing a case should have access to the report.”

(Forensic psychiatrist)

Judges’ views on the appropriate length for reports differed. For some judges, lengthy reports were considered a waste of resources because time constraints often led them to read only the final pages of conclusions and recommendations.

“Sometimes when you are in a hurry, what you do is you just go straight to the end of the report, and the last page is their opinion, he’s suffering from schizophrenia at the time, he was probably very ill at the time of the offence, it’s eminently treatable, he’s already responding, there’s a place in my hospital”

(Judge)

However, other judges suggested they would be willing to read longer reports in more complex cases, and felt the psychiatrist should be able to decide what information was relevant to include.

“We wouldn’t be quite right to tell them they’re right or wrong...If you’re going to provide a proper psychiatric report you’ve got to know about the person’s life history, their upbringing and sexual history...the family and so on. No, I understand why they take the care that they do. I mean if we commission a report we want a proper report don’t we?”

(Judge)

Quality and usefulness of reports
Judges generally viewed most reports to be of a high standard and clear, succinct language was greatly valued. Psychiatrists suggested that the quality of reports produced varied a great deal between members of their profession. However, quality was also seen by all participants to depend upon the issues and constraints relating to commissioning and administration. Judges in certain courts found that relying upon familiar psychiatrists was a means to ensure a quality report.
“I think the psychiatrists that we use regularly are very good, very experienced in writing reports for court and therefore know what people need to read.”

(Judge)

In considering the usefulness of reports, the importance of clear, unambiguous opinions and recommendations was emphasised by psychiatrists and sentencers alike. Clarity was acknowledged by all participants to vary a great deal.

“Clarity, (a) a clear diagnosis, and (b) a clear recommendation, I think that’s what one is looking for. As I say my own criticism is that sometimes they’re a little bit vague with their conclusions, and it’s not crystal clear whether or not they’re saying something.”

(Judge)

Most participants emphasised the need for recommendations to be supported by practical arrangements. For example, psychiatrists did not always assign an ‘owner’ (a care provider) to the recommended treatment plan, but a recommendation could not be followed by the court unless the care provider had confirmed they would provide this treatment.

“A lot of times we get a gun for hire - the solicitors have got an independent report from someone who’s elsewhere from another part of the country, who is recommending hospital disposal and then we get given this request and you know, then it often is a bit difficult. The judge is very unhappy because he has been given evidence in good faith, he has accepted it and he has made a judgement and you are coming along saying something else.”

(Forensic psychiatrist)

If a recommendation was not made or an issue was not addressed in a report, judges and magistrates felt they were forced to return the report to the author or summon him/her to appear in court for questioning. They found this created delays and increased costs.

“You need to say exactly what the treatment will involve. What are going to be its components? How long should it go on? What exactly are you going to do? Who’s going to see the person and how frequently? What’s going to be the liaison arranged with the probation?”

(General psychiatrist)

Judges and magistrates also found that reports ordered through defence counsel were often less directly useful or relevant than those which they had stipulated to order for themselves because it could be geared to questions for the defence.

**Early thoughts on the guidance**

Participants found report standards, timeliness and costs to vary a great deal. In relation to structure and content of reports, professionals clearly identified areas for improvement and hoped that guidance could reduce differences and raise standards overall. Clear opinions and practical suggestions for the format and contents of guidance were also volunteered from an early stage.
3.2 Stage two findings

Reflections on the findings

Practitioners in the Stage 2 mini-groups and round-table discussions generally felt the issues raised in Stage 1 findings reflected their experience. These issues were discussed further, and areas in which experiences differed were also highlighted.

Ordering and requesting of reports

Psychiatrists reflected that the findings indicated a low level of awareness of the psychiatrist’s role in the courts among court staff and the bench. These participants considered the low awareness of the process for commissioning reports in certain courts to be an important issue to address.

Administration of reports

All participants agreed that report requests and letters of instruction were critical to the quality of report produced. However, magistrates’ court staff described further variations in approach to the administration of reports, such as lists of local psychiatrists used at the court. Crown Court staff varied in the range of administrative tasks they reported undertaking. Judiciary and court staff reflected that in relation to assigned duties within courts, guidance would need to be tailored to local requirements because of differences in staffing and organisation.

Production of reports

All participants agreed on the appropriate format for report structure, and for the content, conclusions and recommendations. The only area of debate between forensic psychiatrists with regard to content concerned the use of risk assessment tools to assist assessments of dangerousness. Whilst many psychiatrists were known to employ these tools, opinion was divided as to whether their use should be recommended. Views on report length differed among all participant groups involved in Stage 2. Psychiatrists were influenced by the findings in Stage 1 showing that not all judges read entire reports. They suggested that in cases where a psychiatric history of the patient was already recorded, there was probably no use in rewriting aspects which were not directly relevant to the case for the courts.

“I would have included all her GP history, which was very interesting but it wasn’t essential; it’s not relevant to the court, is it.”

(Forensic psychiatrist)

Development of guidance

(See: Good practice guidance: Commissioning, administering and producing psychiatric reports for sentencing, Ministry of Justice, 2010).

Discussions to develop the guidance focused solely on those issues raised relating to structure, content, quality and usefulness of reports when ordered directly through the court. Participants suggested that there should be three main parts to the guidance.
Guidance on the commissioning process

In developing guidance, magistrates expressed interest in gaining further information about the role of psychiatric reports. Forensic psychiatrists also suggested it may assist the bench to be given an introductory context to reports and to explain the role and limitations of the psychiatrist's position as an expert witness. Magistrates and legal advisors suggested commissioning would be assisted by information about the relationship between the range of mental health disposals available and the information required to make these disposals. In the guidance, the research team therefore provided an explanation of the role of psychiatric reports to inform sentencing, and a background to the sentencing options available with a psychiatric element (see section 1.2 of guidance).

All professional groups recognised that it was the judge’s or magistrate’s responsibility to make clear and specific requests. They hoped that guidance could assist in ensuring this always happened.

“I think it’s really key that the person making the request is very clear about what sort of risk the expert is being asked to comment on, you know risk to self, risk to others, potential risk of re-offending in the light of mental disorder. I think it really needs to be set out so that you know what question you are answering, not just some general questioning about risk or dangerousness.”

(Forensic psychiatrist)

In the guidance, pro forma requests indicating the areas a report should cover were designed for judges and magistrates to fill in. This was intended to increase understanding, accountability, communication and efficiency for courts and the commissioned psychiatrist. It was also intended to ensure that sentencers retained full control of the contents of the request and letter of instruction.

Guidance on the administering of reports

Participants' views differed on the level of detail to be included in the guidance. Whilst some court staff and judges were concerned that guidance could increase ‘red tape’ and paperwork, it was also felt that specific procedures and expectations would bring accountability and greater uniformity of approach.
“You need very prescriptive procedures. It’s not very fashionable to say so but you need proper forms, audit trails and proper checks.”

(Judge)

To balance these considerations, court staff in the stakeholder sessions reiterated that current good practice protocols and documents should be shared. The guidance provided a list of the tasks necessary for the administration of report requests (see section 2.4 of the guidance).

All participants agreed that a template for letters of instruction, with a checklist of tasks and documents for inclusion, would be a useful tool for court staff.

“When they list the documents that they’re going to provide us with that’s very good…we also need to know if there is anything missing.”

(General psychiatrist)

Judges in Stage 1 initially suggested they should have sight of letters of instruction, so that they could communicate with the psychiatrist directly. However, during mini-groups and stakeholder sessions, participants suggested that designing pro formas for both request and letter of instruction could be more efficient.

Guidance on report production

Psychiatrists felt guidance could be useful if it confirmed best practice, and taught or shared those values and approaches. To be accepted, it was considered important that it did not appear prescriptive.

Participants concurred that psychiatrists and commissioners shared the responsibility of ensuring the best placed practitioner was the author of the report. Participants considered this to be a central issue to emphasise in the guidance. The consideration of appropriate authorship was therefore written as an explicit task in the guidance; the practice of referrals to other practitioners when appropriate was mentioned (see section 3.4 of the guidance).

“One of the first things one learns is if one’s been trained to write reports is that as soon as you get the phone call or the letter asking for the report is to think about whether or not you’re the right person to do it. That might include any conflicts of interest in writing a report and whether the sorts of questions being asked are within your expertise or not.”

(Forensic psychiatrist)

Experienced psychiatrists felt that the guidance could bring together the techniques that helped them to obtain information more efficiently, as a form of reference and for those who were not aware of best practice. These were listed in section 3.4 of the guidance. It was also suggested that background information on the sentencing options be provided, as an introduction for less experienced psychiatrists. A brief background to the courts’ sentencing powers was therefore included in the guidance (see section 3.3 of the guidance).
Participants discussed guidance on writing the report in terms of report structure, report content and length. The guidance developed is described below.

**Guidance on report structure**
Psychiatrists felt that a description of the court’s needs would be a useful supplement to text books because it reflected sentencers’ and court staff’s views. The guidance therefore gave general guidelines on writing reports for courts, emphasising key points to optimise the relevance of the report for judges and magistrates (see section 3.5 of guidance). A template for the report structure was provided (see Appendix 4 of the guidance). Within each section of the report template, a list of points to address was designed to ensure all necessary points required by the courts were covered.

**Guidance on report content**
Some psychiatrists felt constrained by the lack of peer discussion, so the guidance recommended peer consultation on approaches to writing. Psychiatrists also suggested that in cases where risk assessment tools were used, the guidance should advise report writers to inform courts about their limitations.

“If you want risk addressed properly, you have to get somebody who’s competent… to explain to the court what the psychometric properties of that test are so that one [the court] doesn’t place too much reliance on it.”

(Forensic psychiatrist)

Forensic psychiatrists also emphasised that in considerations of dangerousness for indeterminate sentences, guidance should caution the danger of being led beyond the role of expert witness when advising the court.

“We are routinely involved in IPP [Imprisonment for Public Protection] decisions now, not really our job, you know… that’s a mine field, an ethical mine field for reporting on because it is not as strict. We should comment on mental health issues, take that as far as it goes in terms of risk analysis, risk management suggestions and then we should step well back.”

(Forensic psychiatrist)

**Guidance on length**
Among members of the judiciary, an ideal report length of four to eight sides was often given. Psychiatrists working with highly specified requests also judged a report of four to six sides to contain all the information necessary to sentencing. However, all psychiatrists also distinguished between lengths and types of report, as discussed. The guidance therefore suggested approximate lengths for ‘summary’ reports of two to four sides and ‘full’ reports of up to eight sides (see section 3.5 of guidance).
Psychiatrists described a summary report as those cases where little information was required, for example where a consultant familiar with the offender suggested an interim hospital order for further assessment. Court staff in magistrates’ courts, as well as psychiatrists, suggested this may be particularly useful in the magistrates’ court due to the nature of cases heard there. Participants took a ‘full’ report to mean a case in which the psychiatrist needed to communicate a complex or detailed psychiatric history.

3.3 Stage three findings

In total, 13 participants gave feedback on the guidance following the testing period. In addition, feedback was also provided by three interested professionals who had learned of the research. Further amendments to the guidance were then made. These findings and amendments are outlined below.

Overall

Participants considered the information held in the guidance to be relevant throughout, and all participants felt that the document reflected their input and involvement. The guidance was considered particularly useful for magistrates’ court staff. It was expected to increase consistency across courts, and deter commissioners from ordering reports where they were not required.

“Pro formas will certainly be useful, and excellent to focus the minds of professionals both at the commissioning and writing stages.”

(Legal advisor)

Court staff hoped that the use of pro formas in requests would make the reports more precise, and felt the guidance on requests and letters of instruction were useful in simplifying the process of administering reports.

“I think the guidance will assist in ensuring the report when ordered would be more concise and address sentencing issues rather than historic facts in the defendant’s life.”

(Magistrate)

No issues were raised in relation to the format and layout of the document. Court staff queried how pro formas would be used: either being taken directly from the guidance, or adapted and printed by courts themselves. Legal advisors and magistrates felt that pro formas were ready to be used in practice, though no opportunities to do so had arisen during testing.

“The pro formas will be of great practical help… I think that if benches are forced to consider these issues there will be a reduction in the number of reports requested, often the request for a report is a “knee jerk” reaction to hearing the defendant has mental health issues rather than the bench considering exactly what they will gain by ordering a report.”

(Legal advisor)
Court staff felt that the balance of content between information and administrative tasks was correct. Importantly, the guidance was not seen to have added unnecessary workloads to court staff.

“The balance is right, enough information is given without overburdening the system.”

(Magistrate)

In relation to report production, forensic psychiatrists considered the inclusion of sentencing options and guidelines for reports to be an important addition. This was hoped to increase all psychiatrists’ awareness of the criminal law as it related to mentally disordered offenders. Psychiatrists also expressed relief that the guidance made general suggestions, rather than stipulating requirements.

“I think this is broadly very useful, relevant and practical. Specific but not too prescriptive.”

(Forensic psychiatrist)

Court staff valued the explicit suggestion for summary reports and hoped this would save time and costs, whilst giving a ‘feel’ for the defendant and answering a ‘simple’ question of connection between a mental condition and offending behaviour. Magistrates considered the report options of summary or full reports to prevent duplication of past history information which would be provided in the pre-sentence report.

“You don’t get time to read much; in many cases, not much depth will be required.”

(Magistrate)

Particularly in relation to the Crown Court, judges and psychiatrists held mixed views on the summary report. Forensic psychiatrists felt it would never be appropriate to complex cases in which the psychiatrist was culpable in the event of later changes to the offender’s mental state. However, all participants acknowledged this to be a guideline only, so it was felt that recommended lengths should be kept in the document.

Amendments to the guidance
Allocation of administrative tasks

During testing, concern was expressed by judiciary that court staff would not have the skills or training needed to undertake preparation of letters of instruction. This issue was partially addressed through the envisaged use of the pro forma for letters of instruction, which reflected much of the information provided in the request pro forma. In addition, the guidance did not allocate particular professionals with these responsibilities; it was left for courts to determine the matter themselves.
Inclusion of audit tool
An audit tool to monitor the quality of reports, developed by Avon and Wiltshire Mental Health Partnership Trust (see Appendix 3), was suggested for inclusion in the guidance. This was intended to be completed by the judge and then returned to the mental health trust concerned. Any issues concerning report quality could be identified and rectified in future work. It should be noted that the audit tool was not developed in conjunction with this research. Documents may therefore need to be refined once in use to ensure that they are fully compatible.

3.4 Conclusions
Overall, the purpose of the research was to capture commonly held views on what constituted ‘good practice’. The purpose of guidance was to disseminate advice on how best to structure requests for reports and reports themselves. The guidance was well received by participants, who generally agreed that the final document provided a useful tool for developing practice and engaging professionals from different disciplines. Further, it was considered a useful point for discussion to reflect on and define what constituted ‘best practice’. This should enable practitioners to raise their understanding of other professionals’ roles. Participants anticipated that courts would take up the pro formas for their own use, but these could also be used as a reference point for professionals. These should contribute to achieving the project’s original aim: to support provision of a value for money system that produced high quality, relevant reports.
4. Implications of the research

Findings from the research showed professionals’ confidence that the guidance produced was useful, relevant and instructive. A range of improvements relating to the commissioning process should therefore result if it is widely taken up. These primarily relate to the timeliness and quality of reports, but it should also assist in regulating the current variation in the frequency with which reports are ordered by the court.

Improving the timeliness of reports

Many reasons identified for delays to report delivery were found to be preventable through knowledge of best practice, particularly in facilitating speedy retrieval of defendant information and a point of contact to manage the commission. Following guidance should therefore bring cost savings to the MoJ through reduced times in custody and psychiatric fees, though no data on costs were currently available to enable later comparison. However, in relation to information sharing, the research highlighted the variation and potential complexity of arrangements for multi-agency liaison. Bradley recommends that criminal justice mental health teams should be key in assisting the flow of health information across the sentencing process (Department of Health, 2009:135). This support would underwrite report commissioners’ requirements for health information and knowledge transfer, which this guidance alone could not address.

Improving the quality of reports

The quality of reports directly related to the clarity and specificity of the request provided to the psychiatrist by the commissioner, and wide variations in practice were found. Pro formas in the guidance should support and increase the role of judiciary and bench in articulating their requirements, particularly in courts with less experience of this process. An increase in the quality and relevance of the reports provided to courts should result.

Highlighted need for wider work

Service Level Agreements

The guidance did not address the issues of negotiating fees for contracted services or the role of defence solicitors, as it anticipated changes to the commissioning process. These should resolve the problems in obtaining reports from appropriate practitioners identified in the study. All evidence supports Bradley’s recommendations for Service Level Agreements between the courts, health services, probation service and Crown Prosecution Service for provision of psychiatric services and advice to courts. Issues of both over and under commissioning of reports by courts related to the process by which the need for a report was identified and a psychiatrist was found. Whilst positive relationships between mental health, probationary services and the courts were found in certain areas, an alignment in commissioning of services at the interface between the NHS and Criminal Justice System is critical to the overall improvement in the relevance and usefulness of reports for sentencing.
Criminal justice mental health teams
The introduction of duty psychiatric teams in certain courts was highly praised by legal advisors and judiciary. Screening defendants was found to reduce the total number of reports ordered, and those produced were of greater relevance. Their introduction to courts which did not customarily access reports would increase confidence among magistrates, court staff and psychiatrists who were concerned that mentally disordered offenders could ‘slip through the net’ and miss assessment. Ideally, reports for sentencing would be aligned with mental health provision to provide continuity across the thresholds of criminal justice services. This would allow reports for sentencing to focus more precisely on the immediate needs of the court, and supports the suggested ‘summary report’ format within the guidance.

Training
Alongside these developments, this study identified the stated need and interest in training to increase awareness of mental health issues among court staff, sentencers and probation staff. Enhancing the contextual knowledge upon which sentencers base their decisions could only complement the utility of reports to courts, but is crucial in lieu of the presence of a criminal justice mental health team.
5. Additional resources

This section provides further sources of publicly available information on the research subject.

On psychiatric practice


On multi-agency working

Directory of mental health liaison and diversion schemes

In relation to the Mental Health Act (MoJ 1983)

6. Further research

Limitations of the study
There has been no substantive empirical research on the commissioning process, structure and content of psychiatric reports for sentencing. The findings from this study indicate the breadth of variation in court commissioning practices and in psychiatrists’ experiences of producing reports. However, the study was localised and broader generalisations cannot be drawn. Action research appears to be a valuable approach to generating policy solutions, but a more systematic and comprehensive study would be desirable. This area of practice would benefit from the collection of court data on the frequency in which cases with a psychiatric element occur in courts, the number of these in which full psychiatric reports are requested, and details concerning the timescales for completion. Judiciary and psychiatrists’ evaluation of the report should also be given.

Continuing the action research journey
In continuing the action research journey this study has begun, work may be required to determine the use of pro forma templates among report commissioners including probationary staff, and the precise use of the audit tool. The guidance should assist in improving multi-agency working across the commissioning process, which will depend upon wide local support to participate in the process of piloting. For example, the testing phase of the guidance in courts prompted concerns among court staff that a reduction in the role of the defence counsel in the court-funded commissioning process would increase the administrative burden upon themselves. Work may be required to determine how prepared court staff would be and their consequent support needs, in the event of increased involvement in the commissioning process in the context of Service Level Agreements between themselves and other agencies.

Piloting the guidance
A full pilot was not within the scope of this study, but is recommended in building upon this work. It should be undertaken across a range of courts, including those with and without mental health liaison schemes. The time period for a pilot would need to account for the fact that certain courts very seldom commission reports. It should also be noted that it is likely that the defence counsel will be involved in the commissioning of reports ordered by the courts, such as in the carriage of letters of instruction, which would influence findings. Both courts and psychiatrists involved in commissions would be involved in piloting, so the communication of the pilot may be best managed by the courts at the point of commission. The use of the audit tool would be key to this exercise. Whether this tool should be deployed across the system and if so how the data would be collected and analysed should be considered.
Communication strategy
Following the pilot and completion of guidance, its introduction through a national communications strategy to criminal justice and mental health agencies would be beneficial.

Monitoring use of guidance
It is worth noting that although good practice guidance has been commonly used, there was little evaluative research on whether such guidance achieved its stated aims (Preston-Shoot, 2001). If the policy aim of good practice guidance is to increase consistency of reports, then whether this is achieved in practice would be usefully assessed through regular monitoring.

Other issues raised in research
The study identified a need for further information regarding the use of sentencing options with a psychiatric element, in particular the COMHTR (community order with mental health treatment requirement) for magistrates and court staff. The provision of separate guidance for sentencers and probation staff regarding the use of mental health treatment requirements and hospital disposals is recommended.
References


Criminal Justice Joint Inspection CJNI (2009) Joint inspection report on work with offenders with mental disorders.


Ministry of Justice (2010) Good practice guidance: Commissioning, administering and producing psychiatric reports for sentencing. [XXX (to be added when have publication details) – text needed]
Ministry of Justice (2009) *Criminal Procedure Rules* at:
http://www.justice.gov.uk/criminal/procrules


Bibliography


HMCS (2007) *Norwich Crown Court Annual Report*

Home Office/Youth Justice Board (2002) *The Final Warning Scheme guidance for the police and youth offending teams*.


# Appendix 1: Sample breakdown

## Quotas achieved for Stage 1 sample

<table>
<thead>
<tr>
<th></th>
<th>London</th>
<th>North East</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court staff</td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Judiciary, magistrates</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Legal representatives</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Other court staff</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>16 nationwide, including a mix of the following: forensic, learning disability and general adult; working in private, NHS trust and secure unit capacities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Quotas achieved for Stage 2 sample

<table>
<thead>
<tr>
<th></th>
<th>Liverpool</th>
<th>Essex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court staff</td>
<td></td>
<td></td>
<td>6 groups</td>
</tr>
<tr>
<td>Judiciary, magistrates</td>
<td>1 mini-group</td>
<td>1 mini-group</td>
<td></td>
</tr>
<tr>
<td>Legal representatives</td>
<td>1 mini-group</td>
<td>1 mini-group</td>
<td></td>
</tr>
<tr>
<td>Other court staff</td>
<td>1 mini-group</td>
<td>1 mini-group</td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td></td>
<td></td>
<td>3 groups</td>
</tr>
<tr>
<td></td>
<td>3 mini-groups nationwide, including a mix of the following: forensic, learning disability and general adult; working in private, NHS trust and secure unit capacities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Improving the Structure and Content of Psychiatric Reports: Research to Develop Good Practice Guidance

Topic Guide

**Aim of research:** overall, the research aims to examine the usefulness and quality of psychiatric reports for sentencing purposes, in order for HMCS to gain clarity around the current provision of psychiatric reports and associated costs. The research also aims to identify strengths and weaknesses of the current commissioning process for psychiatric reports specifically related to structure and content and investigate means of increasing efficacy of the process, with the goal of producing good practice guidance for future piloting.

**Objectives of Stage 1:** to explore experiences in relation to psychiatric reports, specifically considering issues relating to:

- commissioning of psychiatric reports, in particular exploring strengths and weaknesses of the current process and how it could be made more efficient;
- current provision of psychiatric reports;
- the structure and content of psychiatric reports;
- quality and usefulness of the psychiatric reports;
- the associated costs;
- good practice and what needs to be included in the guidance.

**Background**

- About BMRB, independent research agency.
- About the project.
  - To explore the strengths and weaknesses of the commissioning process, focusing on the structure, content, quality and usefulness of reports, with the aim of producing good practice guidance and a way of monitoring and evaluating use of the guidance if it is piloted.
  - Stakeholders with direct experience of commissioning, using or producing reports: psychiatrists and court staff.
  - Funded by the MOJ/ HMCS
  - This is one of a number of interviews being conducted around the country; two case study areas.
  - Stage one of a three Stage project.
- Duration of interview (one hour)
- Confidentiality and tape-recording.

**Respondent background**

- Collect background information:
  - Clarify the job title, check respondent fits description;
  - Length of time in position;
  - Overview of roles and responsibilities (to explore later in greater detail)
Involvement with psychiatric reports

Researcher note: remind respondent that the focus of the research is on reports used specifically for sentencing purposes, Request the respondent focuses discussion on these reports and makes clear when they are referring to other psychiatric reports.

- Explore own role and responsibilities in relation to use of psychiatric reports.
  - Involvement in commissioning, production or use of psychiatric reports.
  - Frequency of involvement in the process of commissioning/production/use.
  - Extent of experience.

Commissioning process – overview

Researcher note: this section aims to provide a ‘snapshot’ of the commissioning process. The following sections of the topic guide go through the stages in more detail.

- Spontaneously explore the commissioning process of psychiatric reports for sentencing.
  - Who is involved – who is commissioned, who is commissioner?
  - Awareness of routes for obtaining reports.
  - Guidance/protocol on how to obtain reports.
  - Key stages of process.
- Reasons that reports are requested. Probe:
  - types of case;
  - own direct experiences; potential instances.
- Views about when reports are warranted.
- Ease/difficulty of accessing reports.
  - Access to psychiatrists.
  - Access to funding.
- Routes of access to psychiatrist to case/courts, e.g. NHS/Service Level Agreement/ private commission
- How the decision is made over who to request the report from.
- Views on appropriateness of party who commissions and of party who is commissioned.
  - Psychiatrists’ knowledge of CJS.
  - Commissioner knowledge of mental health and of mental health services.
  - Who they feel is best placed to prepare/commission.
  - Role of psychologists, other professionals in writing reports – when, why appropriate?
- Strengths and weaknesses of the commissioning process.

Requests for reports: structure and content

- How the request is made (and any guidance used for this).
- Respondent understanding/description of what the court requires from a report.
- Impact of commissioner’s knowledge of mental health provision and services on the content of the request.
- Differences between commissions for reports.
  - Details: purposes of reports, reasons for differences.
  - Effects of differences on structure and content and on quality.
- How requests for reports are currently identified and tracked.
- What the content is of information provided to the psychiatrist in the request.
  - Probe: uniformity; differences; documents used; guidance.
  - Views about content of information; reasons for views.
- Views on clarity of request.
  - Communicating the purpose of the report: whether the psychiatrist knows what is being asked for.
  - Is relevant guidance given to psychiatrists?
  - Suggestions for how requests could be made clearer.
• Views on level of prescription given on structure and content of report.
  o Adequate level and specificity?
  o Reasons for views.
• Suggestion for improvements to requests.
• Barriers to improving requests.
• What information is needed on commissioner’s part for improvements to requests?
• Explore what is needed in good practice guidance regarding the request process.

**Provision of reports: structure and content.**
• Process of producing reports.
  o Timelines for producing reports.
  o Circumstances of assessment: place, time, constraints on assessment, effects of this.
  o Sources of information used (interview with person; with others; other documents) – strengths, weaknesses.
• Use of previous psychiatric reports.
• Content of reports – what is content, whether standard, how it differs, reasons for this
  o Probe the different elements of the report in more detail.
    a. Circumstances of offence.
    b. Determining mental state at point of alleged offence – (IMPORTANT - researcher emphasise and probe responses).
    c. Elements of background history of person – probe personal, medical, psychiatric, recent social circumstances, personality, forensic history – why thought relevant.
    d. Current mental state.
      i. Risk assessment – i.e. harm to self and others, relationship between mental disorder and risk of reoffending.
      ii. Recommendations for orders.
      iii. Care and treatment arrangements at what level of security?
      iv. Approach to points of uncertainty; alternative arrangements, i.e.: how does the psychiatrist take the report reader through the various options and then arrive at a conclusion and recommendation?
    e. Consent: capacity and willingness of person to co-operate in creation of the report.
• Structure and format of report.
  f. Standard, reasons for different length.
  g. Length.

**Provision of reports: quality and usefulness**
• Spontaneous overall views on the general quality of reports. High, low, why.
• Reasons for views on current quality of reports. What works well/less well. Probe:
  o content;
  o structure;
  o length of report --; probe level of detail, clarity;
  o relevance of information included;
  o Language and concepts used – use of definitions and terminology.
  o Probe:
    ● risk assessment – i.e. harm to self and others, relationship between mental disorder and risk of reoffending;
    ● recommendations for orders;
    ● care and treatment arrangements;
    ● approach to points of uncertainty – alternative arrangements, i.e: how well the psychiatrist takes the report reader through the various options and then arrives at a conclusion and recommendation.
• How the quality could be improved.
• *(For those using reports):* overall how useful they find reports – why.
  o Adequacy of outputs for purpose.
Cost implications of producing psychiatrics reports for sentencing
● Explore the costs involved in producing psychiatric reports.
  o Direct costs.
  o Resource implications – staff time.
● How one can ensure producing good practice guidance offers value for money.

Overall, spontaneous views on multi-agency working. Probe:
● access to information and information sharing between agencies.
  o What works well/less well; any agreements in place.
  o Effects on reports; effects on case progress and outcomes.
  o Ideas for improvement/good practice

Overall views and the production of good practice guidance
● Overall views on the effect of the commissioning process on structure and content of reports – strengths, weaknesses.
● Views on the production of good practice guidance. Probe:
  o Will the development of good practice guidance improve the commissioning process?
● What should and should not be included in good practice guidance.
  o Probe features of structure, content.
  o What the key features of a useful report and good practice are.
  o Commissioning and writing guidelines.
● Do you have any examples of good/bad practice relating to commissioning/writing of psychiatric reports?
● Could alternative reporting procedures be used – how, provide details.
● Other ways the commissioning process could be improved.
● How the commissioning process could be effectively monitored and evaluated.

Respondent recontact invitation:

<table>
<thead>
<tr>
<th>Researcher explains next stages of the research study.</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Ask whether respondent would be interested in attending a subsequent stage.</td>
</tr>
<tr>
<td>● Can put their contact details on to a forum</td>
</tr>
<tr>
<td>● Take details and give a timeframe for recontact.</td>
</tr>
</tbody>
</table>

THANK AND CLOSE
Appendix 3: Audit tool

REPORTS PREPARED FOR CRIMINAL COURTS
COURT REPORT AUDIT TOOL
MINIMUM STANDARDS
(1)-(29) to be completed for each report

Basic information

Subject details
1. Is the name of the subject of the report stated? YES/NO
2. Is the date of birth of the subject of the report stated? YES/NO

Author details
3. Is the name of the author of the report stated? YES/NO
4. Are the author’s qualifications stated? YES/NO
5. Does the author state his/her relevant experience? YES/NO
6. Is the author’s accreditation (section 12(2)) approved medical practitioner) stated? YES/NO
7. Is the author’s place of work stated? YES/NO

Report details
8. Is the report dated? YES/NO

Introduction
9. Is there a statement of who commissioned the report? YES/NO
10. Is there a summary of the legal instructions given to the author? YES/NO
11. Is the author’s professional relationship with the subject of the report stated? YES/NO
12. Is there a statement regarding what the defendant has been charged with? YES/NO
13. Are the sources of information for the report identified? YES/NO
14. Is there a statement that the subject of the report has consented to the report? YES/NO
Body of the report: layout and content
15. Is the report divided under headings? YES/NO
16. Are the pages numbered? YES/NO
17. Is there a separate section for findings on mental state examination? YES/NO
18. Is there a section summarising the documentary material the author relies on in the report? YES/NO
19. Are the opinions separated from the data? YES/NO
20. Does the author comment on guilt or innocence? YES/NO

Where applicable, complete Audit sub-sections on fitness to plead, risk assessment and disposal

Opinion
21. If answer to Q10 is ‘yes’, do the opinions answer the question(s) put in the letter of instruction? (Please answer n/a if Q10 was rated as ‘No’). YES/NO/n/a
22. Does the opinion state whether or not the subject is currently mentally disordered within the meaning of the Mental Health Act 1983? YES/NO
23. If the subject currently mentally disordered, does the opinion state the category of his/her mental disorder? YES/NO

Overall style
24. Is the style of the report clear and concise? YES/NO
25. Does the report read logically? YES/NO
26. Is the opinion understandable and logical? YES/NO
27. Have technical terms been defined? YES/NO
28. Does the report contain a summary of conclusions reached? YES/NO
29. Does the report contain the same declaration of truth as in a witness statement*? YES/NO
* Declaration of truth in witness statement: “This statement, (consisting of … pages each signed by me,) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it which I know to be false or do not believe to be true”. (Crim Proc Rules r27.1; Criminal Justice Act 1967, s9; Magistrates Courts Act 1980, s5B).

**Sub-section (A)**

*This Sub-section to be completed where the instructions require comment on fitness to plead.*

Fitness to plead

A1. Where the instructions require an opinion on fitness to plead, is this answered in the report? YES/NO

**Sub-section (B)**

*This Sub-section to be completed where a risk analysis is relevant.*

Risk analysis is relevant if:

- the instructions require comment on risk;
- defendant unfit to plead;
- defendant awaiting sentence;
- author is supporting mitigation;
- author is recommending a Restriction Order.

Risk analysis

B1. Has the nature of the appropriate risks been clearly identified? YES/NO

B2. Has the section or member of the public at risk been clearly identified if there are such persons? (Please answer n/a if there are no such persons) YES /NO/ n/a

B3. Have factors been specified that would increase or decrease that risk?* YES/NO

B4. Has a judgement about risk been made on the basis of historical factors? YES/NO

B5. Has a judgement about risk been made on the basis of contextual factors? YES/NO

B6. Has a judgement about risk been made on the basis of clinical factors? YES/NO

B7. Have recommendations been made regarding management of the identified risk? YES/NO
* B3 – When answering this question (i) please answer ‘yes’ even if the specification regarding what would increase or decrease the risk is rudimentary and (ii) please check to see if the main body of the report in addition to the opinion contains statement(s) regarding factors that would increase or decrease the risk.

Sub-section (C)

This Sub-section to be completed where disposal/recommendations for treatment are relevant.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Where recommendations for treatment are made, have those responsible for their implementation been consulted?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>C2. Have recommendations been made regarding the appropriate level of security?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>C3. Is there comment on the likely effect of custody on the subject’s mental condition and/or treatment?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>C4. Has risk of self-harm/suicide been considered, if relevant?</td>
<td>YES/NO/n/a</td>
</tr>
</tbody>
</table>

© Avon and Wiltshire Mental Health Partnership NHS Trust
Ministry of Justice Analytical Report
Improving the structure and content of psychiatric reports for sentencing
Research to develop good practice guidance

This research study produced good practice guidance on the structure and content of psychiatric reports for sentencing in criminal courts. It consisted of a three-stage process of fact finding, development and testing involving key stakeholders from the judiciary and magistrates, court staff and psychiatrists using an ‘action research’ methodology. Many stakeholders questioned the efficiency of the current system for commissioning reports, and a desire for good practice guidance was expressed. TNS-BMRB co-created guidance in consultation with stakeholders and a Forensic Psychiatrist which addresses the commissioning, administration and production of reports. The document was tested among stakeholders and refined using their feedback.