Everybody's prayers were answered when the land battle ended so quickly – no one was "gung ho" or wanted war. Back in the NHS the experience now seems like a dream. There are many lessons to be learnt, political and military. Perhaps the most important lessons of the war are personal: forgotten in public, but known to everyone involved, especially those unaccustomed to active service and military life. Effects of the conflict on attitudes, and outlook on life may, I suspect, be considerable. For many, only time will tell if their experience will prove to be formative or not. Regardless, I doubt if anyone involved will ever be quite the same again.

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Referrals to an out-patient forensic psychology service

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Following the recommendations of the Butler Report (Home Office, 1975), there has been a slow growth in the number of Regional Secure Units (RSUs) (Snowden, 1985), which aim to assess and treat mentally disordered offenders in England and Wales in conditions of "medium security". One particular recommendation of the Butler Report was that:

> "The main emphasis in forensic psychiatric services ... should be on community care and out-patient work." (paragraph 20.14)

I am unaware of any publications with descriptive data on the out-patient work as recommended by the Butler Report. This brief report therefore aims to give the reader an indication of the out-patient referrals to the clinical psychology department of the Regional Forensic Services in the North West of England over a three year period.

The study

The North West Regional Health Authority covers a large geographical area of England with a population of approximately four million. Although it has had a forensic service for a considerable time, it is only in the last three years that a RSU has been established and functioning. This development of a 66 bed in-patient service has been paralleled by the development of an out-patient service for both former in-patients and for clients needing assessment/treatment, but who are not considered to require the level of security provided by residence in the RSU. It is the clients referred to this out-patient service who will form the focus of attention in this article.

Referrals are taken from all sources, including voluntary agencies and self-referrals, and clients are generally seen in out-patient facilities near the RSU. In addition a number of clinic sessions are provided in probation offices in other parts of the region. Data on all referrals have been routinely gathered in the three years since the RSU was established.

Between 1986 and 1989 there were 270 new referrals to the forensic psychology out-patient service. None of the referrals were for compulsory treatment under probation orders. Males accounted for 89% of the referrals, and 52% of those referred were under 30 years of age.

From the perspective of the referrer, clients were referred for the following problems: aggression (23%); sex with children (22%); other sex offences (10%); gambling (11%); diagnostic advice (9%); and thefts (8%). The remaining clients were referred for a variety of reasons, including arson, homicide and management problems.

By far the highest percentage of referrals came from the probation service (46%), which is probably a reflection of the close working links which the forensic psychology service has with probation, links which are strengthened through the regular clinics held in probation offices and through formal training workshops. The remaining referrals were from solicitors/courts (16%); forensic psychiatrists (15%); social workers/NSPCC (9%); self (8%) and others (6%).

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The largest number of referrals were received from districts closest to the RSU, in particular Salford and central Manchester, which also have the highest populations. Those districts most distant from the RSU made very few referrals indeed. It is possible that they make use of the facilities provided by an Interim Secure Unit (ISU) which is much closer to them.

Findings

Simple outcome measures were also recorded. The largest percentage (35%) received assessment and advice. In practice this was often advice to the courts on disposal, or specific advice to other professionals involved with the client. Assessment and treatment were received by 27%; 9% received advice/consultancy only (usually to the referrer); 26% either failed to attend or did not complete assessment.

The large percentage who either failed to attend or did not complete their assessment is a cause for concern in a service with limited resources. A more detailed analysis of these non-attenders is presented below.

In keeping with previous research (Carpenter *et al*, 1981) it appeared that those under 30 years of age were the most likely non-attenders. Perhaps surprisingly, the amount of time spent on the waiting list did not seem to be a significant predictor of non-attendance.

An examination of the referrals from the different districts in the region did not suggest that geographical proximity was a significant predictor of attendance. This was a surprising factor in view of the large geographical area which the service covers. It could be hypothesised that agencies further away from the out-patient facilities are more selective about the clients they refer, since they realise that the clients need to be highly motivated to make the journey. This appeared to be confirmed by the good attendance records of the small number of clients coming from outlying areas.

Clients referred by courts/solicitors were good attenders – hardly a surprising finding since clients usually perceived that attendance for assessment/treatment might reduce their chances of imprisonment.

Although probation agencies referred the largest number of clients, their share of non-attenders was disproportionately high at 34%. This may be a reflection of their referral processes and understanding of the forensic service. If this is the case then it is possible that better liaison work could improve the appropriateness of their referrals.

It is also possible that simple changes in the way that appointments are given could improve attendance rates. Research indicates that written reminders and telephone calls can dramatically improve attendance in some fields. (Miller & Rollnick, 1991).

Perhaps the most striking figures relate to the attendance of those referred for "aggression" problems and "child sex" problems. Clients referred for "aggression" accounted for 23% of the referrals but 42% did not attend. By contrast the clients referred for "child sex" problems accounted for 21.5% of the referrals, with only 10% not attending.

There is a growing body of research on child sex offenders, covering such areas as recidivism; the number of acts and victims, and the long- and short-term effects on the victims (Browne & Finkelhor, 1986) which indicates that child sexual abuse is a major problem and therefore the perpetrators deserve treatment priority. The data presented above, indicating a high attendance rate in comparison with other groups of offenders, suggest that this may be a worthwhile group on which to focus the limited resources of the forensic service.

It could be argued that aggressive behaviour, and in particular domestic violence, is an equally broad problem, with as many detrimental effects as child sexual abuse, and therefore it too deserves priority. The poor attendance of offenders in this group suggests that simply sending routine appointments may be an inefficient use of limited resources. A more useful approach may be to engage in research to investigate the most effective ways of engaging these clients in therapy, either in group or individual programmes.

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