

# Current views of solicitors on psychiatric court reports

David Marchevsky

This survey evaluates current views of non-medical professionals on the style of court report writing. A random sample of 120 solicitors who worked in the criminal field in London participated in this survey. The usable return was 72%. Up to 76% favoured changes in standards of report writing because of problems concerning clarity of style and use of jargon. The majority objected to reports being prepared by non-consultant psychiatrists.

Psychiatric reports are addressed to non-medical professionals. A few studies, such as Prins' (1975), examined the views on reports of non-medical groups in the past. These studies suggested that non-medical professionals were generally dissatisfied with psychiatric court reports. Educators encouraged psychiatrists to adopt a more adequate style of report writing. The effectiveness of that effort has not been monitored for many years and this survey intends to fill in the gap. This study was based on the hypothesis that non-medical professionals still maintained unfavourable views on reports, and the belief that the evaluation of their present views would have educational and practical benefits to psychiatrists.

A sample of solicitors was used in this survey, as previous studies had not included this group of professionals. This study intends to systematically assess solicitors' general views on psychiatric court reports.

## The study

The study population comprised of the solicitors who worked in the criminal field whose names appeared in the Law Society Director List (Law Society, 1994). A random sample of 120 solicitors received a questionnaire in 1995. A computer generated sequence (uniform function) of random numbers, and a similarly generated seeded number to start the selection, was used. The sample included 37 (31%) women solicitors.

Solicitors were asked to give their opinion of court reports they had received, particularly in the previous 12 months. The first part of the

questionnaire had 11 sections that looked into items of typical reports: introduction, family history, personal history, psychiatric history, medical history, forensic history, drug and alcohol history, account of index offence, treatments and progress, psychiatric assessment, and conclusions and recommendations. The usual content of the above items was briefly described. For ease of completion, each section had only two out of three variables to be measured. A ranking scale level of measurement was used. The definitions were: first, the variable *Importance* 'very important' (item must always be present in the report); 'relevant' (item is not essential but makes the report more thorough); 'uncertain' (between 'relevant' and 'not important'); 'not important' (item adds little to the aim of the report); and 'irrelevant' (item adds nothing to the report and should not be present). Second, the variable *Clarity* 'very clear' (item is always/almost always easy to understand); 'clear' (item is often easy to understand); 'unclear' (item is often difficult to understand); and 'very unclear' (item is always/almost always difficult to understand). Third, the variable *Technicality* 'very technical' (most of the time the item has too much psychiatric jargon with little/no explanation of its meaning); 'technical' (most of the time the item has a lot of psychiatric jargon often not well explained); 'simple' (most of the time the item has some psychiatric jargon that is usually well explained); and 'very simple' (most of the time the item has almost no psychiatric jargon but the relevant topics are written in layman's terms).

Solicitors were also asked to indicate whether they objected to reports being prepared by non-consultant psychiatrists; to specify whether current standards of report writing needed changes, and to state their preferred length of reports measured in A4 pages (approximately 500 words per page). Last, they were invited to comment on the subject.

The data were analysed using the sample as a whole and subgroups that did and did not support changes in standards of report writing. The Mann-Whitney *U*-test was used as appropriate.

## Findings

The response number was 92 (76%) with a usable return of 87 (72%).

### Variables: importance, technicality and clarity

In general, solicitors considered introduction, psychiatric history, psychiatric assessment and treatments and progress 'very important' items. They also considered psychiatric assessment, treatments and progress, and to a lesser extent psychiatric history, 'technical items'. Account of index offence and conclusions and recommendations were considered 'clear' items (Table 1). The other variables are outlined in Table 2.

Two-thirds objected to reports being prepared by trainee psychiatrists and by psychiatrists not approved under Section 12 of the Mental Health Act 1983. A small minority objected to reports being prepared by trained non-consultant psychiatrists. Two-thirds preferred reports of three to four A4 pages in length. Three-quarters indicated that changes in current standards of report writing should be implemented. Those who did not support changes placed more importance on personal history. Both groups shared similar views on the technicality of the

items examined in the study. The item psychiatric assessment, found more technical by those who supported changes, was the exception. There was a highly significant difference between the two groups' views on the clarity of the items examined, particularly in the case of conclusions and recommendations. Thirty-two (37%) solicitors made further comments. Some extracts of the solicitors 'free text' responses follow:

'... psychiatrists will often fail to respond to specific (relevant) questions set out in the letter of instructions.'

'... matters often have to be adjourned for clarification or new reports, due to the original being badly prepared.'

'Often you send reports with comments on the offences which trivialise the offence or make matters more difficult in the presentation of the defence.'

'... frequently reports come overall muddled and badly organised, or sometimes as simply rushed.'

'... reports need to progressively lead to the conclusion and each part support the conclusion and then give good supported reasons for the recommendations. All too often courts are "influenced" by the conclusions and don't always read all the earlier details.'

Table 1. Responses of all the solicitors ( $n=87$ ) and of the subsets who did ( $n=66$ ) and did not ( $n=21$ ) favour changes in report writing ( $P$  values: Mann-Whitney  $U$ -test)

Items of report	Importance <sup>1</sup>			Technicality <sup>2</sup>			Clarity <sup>3</sup>		
	All	Change	No change	All	Change	No change	All	Change	No change
Introduction	61% (5)	55% (5)	81% (5)	Not asked			43% (3,4)	42% (3)	52% (4)
Family history	52% (4)	49% (4)	62% (4)	67% (3)	63% (3)	81% (3)	Not asked		
Personal history	47% (4)	49% (4)	57% (5)	67% (3)	63% (3)	81% (3)	Not asked		
		$P=0.01$							
Psychiatric history	93% (5)	94% (5)	91% (5)	55% (2)	49% (2)	71% (2)	Not asked		
Medical history	40% (4)	30% (4,5)	71% (4)	47% (3)	45% (3)	52% (3)	Not asked		
Forensic history	40% (4)	39% (5)	52% (4)	70% (3)	67% (3)	79% (3)	Not asked		
Drug and alcohol history	54% (4)	55% (4)	52% (4)	68% (3)	64% (3)	79% (3)	Not asked		
Account of index offence	48% (5)	43% (4,5)	62% (5)	Not asked			74% (3)	71% (3)	81% (3)
							$P=0.01$		
Treatments and progress	82% (5)	82% (5)	81% (5)	57% (2)	59% (2)	52% (2)	Not asked		
Psychiatric assessment	91% (5)	91% (5)	91% (5)	62% (2)	68% (2)	48% (3)	Not asked		
					$P=0.05$				
Conclusions and recommendations	Not asked			41% (2)	42% (2)	52% (3)	52% (3)	51% (3)	57% (3)
							30% (2)	40% (2)	43% (4)
							$P<0.0001$		

1. *Importance*: (1) irrelevant, (2) not important, (3) uncertain, (4) relevant, (5) very important.

2. *Technicality*: (1) very technical, (2) technical, (3) simple, (4) very simple e.g. psychiatric assessment was found 'technical' (rank 2, variable *Technicality*) by 68% of those who supported change.

3. *Clarity*: (1) very unclear, (2) unclear, (3) clear, (4) very clear e.g. two lots of 43% each of all the solicitors found the introduction 'clear' and 'very clear' (tied ranks 3 and 4, variable *Clarity*).

Table 2. Other variables

	%
Objected to reports from:	
Psychiatric trainees	67
Non-Section 12 approved	67
Trained non-consultants	12
Preferred length of report (3 to 4 A4 size pages)	67
Favoured changes in report standards	76

'The attachment of a glossary would be very useful.'

'Consultants seem reluctant to diagnose and comment upon condition.'

'... too often reports lack adequate analysis of diagnosis and treatment. This is far more of a problem than the use of technical jargon.'

'If the report is to be used in mitigation only it is more important that the author of the report is the doctor directly involved in any ongoing case work.'

'... any rambling report over four pages, realistically will not be read or fully understood.'

'... whilst we accept that psychiatry is not an exact science, the conclusions of reports are not always precise enough for what may be required by the lawyers.'

'For me, the most important thing is to see how the descriptive material supports the opinion at the end... clarity in the reasoning process of the doctor is crucial.'

### Comment

This study has a simple design. The use of a more complex design and measurement tools would have been desirable. However, such design might have militated against reaching a sample size as large as this study's. This survey purports to measure the general attitude of the population studied on court reports according to their understanding of what good standards are. It does not intend to differentiate from the variety of legal cases involving the mentally disordered. It is argued that support to the last statements comes from the fact that the distribution of the total scores on *importance* is approximately normal with 72% of its frequencies contained within one standard deviation of its mean. It is then concluded that solicitors' general views on reports is reflected in this survey's data.

Most solicitors considered family history, personal history and forensic history less relevant items. One possible explanation is that their content is often given in more detail by

other sources (police records, social and probation services reports, etc.).

As expected, the findings suggest that most solicitors place great importance on specialist topics like psychiatric history, treatments and progress and psychiatric assessment. The data show that those who support changes differ highly significantly from the other group on their views on the usual *clarity* of the item conclusions and recommendations, a fundamental part of court reports (Gibbens, 1974). Solicitors find that the report items they consider most important are written with considerable jargon. This issue was addressed by Scott (1953) and by Bluglass (1979) and this survey demonstrates that this situation remains unchanged.

This study shows that solicitors are generally dissatisfied with psychiatric court report writing. This situation calls for a more effective and ongoing rectification process. The following are a few suggestions of what such a process might include. First, clarification of jargon, when its use cannot be avoided, in layman's terms. Second, detailed and clear elaboration of the most important items. Third, encouragement of trainees preparing reports to seek supervision from consultants. Four, promotion of feedback communication with legal professionals for them to give their views (length of report, style of writing, use of jargon, etc.) on reports in hand. Last, improvement on the teaching of the practical aspects of court report writing to psychiatric trainees.

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David Marchevsky, *Senior Registrar in Psychiatry, St Michael's Hospital, St Michael's Road, Warwick, Warwickshire CV34 5QW*