



Short communication

Establishing comprehensive forensic mental health services in Qatar

Majid Alabdulla^{a,b,1}, Shuja Mohd Reagu^{a,*}, Iain Tulley^a^a Hamad Medical Corporation, Mental Health Services, Hamad Medical Corporation, Doha, Qatar^b College of Medicine, Qatar University, Mental Health Services, Hamad Medical Corporation, Doha, Qatar

ARTICLE INFO

Keywords:

Forensic psychiatry
Qatar
Public health policy
MENA region

ABSTRACT

Qatar has experienced exponential economic and healthcare infrastructural development recently. Mental health has been prioritized for development by the state with the launching of the ambitious National Mental Health Strategy in 2013 which incorporates the development of specialist Forensic psychiatry services. Traditionally, some aspects of forensic psychiatry care were provided under general psychiatry, being largely reactive. The new strategy supported the development of specialist Forensic service with a focus on developing safer communities, preventing victimization and supporting the criminal justice system. We provide an overview of the development of this service in Qatar, one of the first of its kind in the region.

1. Introduction

The relationship between mental health and crime has emerged as a major social, political and financial issue across the world (Sharples et al., 2003). Overwhelming evidence suggests that the burden of psychiatric morbidity worldwide is much higher in prison populations (Fazel and Danesh, 2002; Fazel et al., 2016) and the WHO has published extensively around the importance of focusing on offender mental health (Who.int., 2020). Qatar launched an ambitious National Mental Health Strategy in 2013 (Ministry of Public Health, 2021a). This strategy emphasized the key role of looking after offender mental health and risk management of the mentally unwell under Forensic Psychiatry services as part of a comprehensive mental health service.

Hitherto, only some aspects of forensic psychiatry care in Qatar could be provided under the available general psychiatry services and services were mainly reactive to demands by the criminal justice system. The new strategy supported the development of a dedicated, independent specialist Forensic service.

In this article we provide an overview of the development of specialist forensic psychiatry services in Qatar. We discuss the historical background of forensic psychiatry care and development of the first comprehensive forensic mental health services in the region within its distinct cultural and legal context.

2. Context

Qatar has a population of 2.7 million and non-nationals constitute greater than 90 % of total population (Planning and Statistics Authority, 2019). The prevalence of mental health problems in the general population Qatar is comparable to international data (Ghuloum et al., 2014). Qatar's prison population rate is 92 per 100,000 population which is about average considering 58 % of the countries in the world have rates below 150 (Walmsley, 2003). Currently there are no available prevalence data on prison mental health in Qatar but around a third of all in-patient admissions to the mental health beds are either pre-trial or sentenced prisoners. It's reasonable to assume that Qatar follows the global trend of higher mental health morbidity amongst prisoners and offenders.

An important aspect to consider while discussing context, is that international experience with well-established Forensic Psychiatry services so far has been mainly in countries with secular common law, whereas Qatar uses legislation based on Sharia law.

2.1. History of forensic mental health services in Qatar

Hamad Medical Corporation (HMC), established in 1982, is the main public provider of healthcare in the country including mental health services (MHS). Till recently, however, no specialized Forensic Psychiatry services existed. When required by the criminal justice system, the general psychiatry services would support cases needing specialist care

* Corresponding author.

E-mail addresses: malabdulla3@hamad.qa (M. Alabdulla), sreagu@hamad.qa (S.M. Reagu), itulley@hamad.qa (I. Tulley).¹ Joint first author.

or in-patient admissions (Ghuloum and Ibrahim, 2006).

The National Mental Health Strategy for Qatar, “Changing Minds, Changing Lives, 2013–2018” was launched in 2013 (Ministry of Public Health, 2021a). This policy initiative focused on providing care in primary and community settings close to the populations served and recognized the importance of providing specialist services for offenders with mental health problems. This was further supported by the publication of the National Health Strategy 2018–2022, which specifically identified mental health and well-being of prisoners as a priority area of development for the nation (Ministry of Public Health, 2021b). Under these initiatives, the establishment of Specialist Forensic Mental Health services was commenced in 2018.

3. Development of forensic psychiatry services in Qatar

The Ministry of Public Health, Ministry of Interior and Hamad Medical Corporation worked in collaboration to determine the needs of mentally disordered offenders and to determine the best means to meet these needs.

A delegation from across the health and justice system in Qatar visited forensic services in various parts of the UK in 2016. The purpose of the exercise was to consider best practice in terms of security, treatment and the management of forensic patients.

An internal report was produced by the delegation in 2017 that identified key areas of development which included management of risk by early detection and intervention, joint working with Criminal justice system, infrastructure development and recruitment and training of a skilled workforce. This report was instrumental in laying the foundations of a dedicated forensic service and in identifying the additional resources required to address these priorities.

An experienced forensic psychiatrist was appointed in March 2018 to lead the work in achieving this objective. A Forensic Psychiatry strategy plan (2018) was developed and adopted with focus on developing safer communities, effective communication between stakeholders, preventing victimization and on placing the patient at the center of recovery. The plan was supported by the development of secure infrastructure (physical security), specialist policies (procedural security) and specialist training and expertise (relational security). The plan identified three key areas for development which are discussed below.

3.1. Specialist in-patient services

In May 2019, building works were carried out on an existing general psychiatry ward to convert it into a secure in-patient unit with 15 beds. Work was done to develop a secure perimeter, double air-lock 24-h manned single-point entry and egress, clear lines of sight, secure indoor and outdoor activity and therapy spaces.

A provision for segregation within a high dependency space was provided for high-risk/violent patients with supporting policies and incorporated within the service’s existing Minimization of Violence program.

Simultaneously, policies and procedures governing admission and discharge, visiting, controlled items, searching etc were developed based on evidence based guidelines (Holder and Souza, 2016).

Patient care is focused on achieving recovery and a decrease in recidivism through a multi-disciplinary team working closely with the patient, their families and stakeholders from the criminal justice system.

A working partnership has been developed with the Community police in Qatar through a Memorandum of Understanding between the MHS and the Community police in 2019 for the joint management of high-risk patients. This Memorandum led to the development of Multi-Agency Risk Conference (MARC) procedures which allow joint working, sharing of resources and information sharing. None of the patients managed under MARC arrangement have re-offended to date.

3.2. Specialist community services

A specialist Consultant-led Community Forensic Mental Health Service (CFMHS) was formed in May 2019. The team provides community support to patients under forensic psychiatry services, working closely with families and with the police through the MARC arrangement. The team has been formed with the unique cultural context of Qatar in mind in how it acknowledges the central role of family in the patient’s recovery. The team additionally provides tertiary care support to prison and remand centers.

The team receives the same training as other forensic MDT staff and is further supported by policies such as those governing home visits, lone working and well-defined referral pathways.

Since its inception, the CFMHS team has taken on 55 patients through its weekly MDT referral meeting and has achieved low readmission numbers of 6 (July- December 2019). This shows a marked improvement when compared to readmission numbers of 22 for the six months previous to this (January- June 2019). In addition, markedly reduced reoffending numbers of 3 compared to 18 were noted for the same periods.

3.3. Criminal justice liaison services

This service is delivered through the CFMHS team and is supported by an MDT including a Consultant Forensic Psychiatrist. The main focus of this service so far has been providing Expert evidence and witness to courts in criminal and civil matters like assessing mental health, criminal responsibility, capacity and fitness to plead. The service also provides forensic mental health support to prison and on-remand individuals.

Work is ongoing to develop joint working policies with the criminal justice system to allow for structured and formalized input into prison and court systems. This will be in the form of dedicated prison in-reach MDT teams and by driving legislative reform that will allow for cooperative interplay between Mental Health Law and Qatari Criminal and Civil legislation.

All the components of this new service will be subject to regular quality improvement audits, using agreed outcome measures and benchmarks used across the wider national mental health service (which, in turn, has based its outcome measures on the Joint Commissioning International (JCI) guidance). However, this service will have additional outcome measures which have been informed by available evidence on forensic mental health care (Fitzpatrick et al., 2010). These include outcome measures for public safety like recidivism of patients under the care of the service and number of patients managed under MARC with criminal justice system; outcome measures for comprehensive forensic risk assessments like completed risk assessments and formulations and number of regular MDT reviews completed. Additionally, outcome measures for forensic rehabilitation and humanitarian standards have been agreed.

3.4. Education, training and support for Forensic Mental Health Services

A key factor underlying the success of the Forensic services so far has been continuing education and training. A bespoke training program was developed in cooperation with the nursing education team and rolled out to the whole forensic MDT. It comprises a mandatory week-long Forensic Psychiatry Foundations Program, followed by another week-long training in specialist risk assessment and management. To date, this is the first program of its kind that we are aware of in the Middle Eastern region.

In addition, a 3-year Forensic Fellowship program has been developed and was accredited by the Hamad Medical Corporation in July 2019. Work is ongoing to seek accreditation from the ACGME-I in 2021 which would make this the first such program in the region. The program currently recruits two clinical fellows per year.

4. Challenges and recommendations

Although a robust start has been made, for a population of around 2.7 million, 15 secure beds is a small number. As a result, the forensic inpatient services are experiencing a huge pressure on beds. This has been recognized by the Ministry of Health and there are plans for development of a bespoke secure unit with varying levels of security and space for therapeutic activities.

The relationship with the judiciary and the wider criminal justice system is still in its early stages.

While the number of female forensic patients in the country is small, it is acknowledged that there are no specialist female in-patient services. The difference in journeys of females as opposed to male patients in and out of secure care will need to be taken into account before developing this service.

5. Conclusion

Spurred on by the National Mental Health Strategy, a specialized Forensic Mental Health service has been developed on Qatar in-keeping with the nation's unique population composition, socio-cultural demands and legislation. The Mental health Service has made huge strides in a relatively small period in laying the foundations of this service which has shown impressive results since inception. The service continues to evolve and develop and sets the scene for a much needed focus on providing for offender mental health in the nation and the wider Middle Eastern region.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of Competing Interest

The authors reported no declarations of interest.

Acknowledgements

None.

References

- Fazel, S., Danesh, J., 2002. Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. *Lancet* 359 (February (9306)), 545–550.
- Fazel, S., Hayes, A.J., Bartellas, K., Clerici, M., Trestman, R., 2016. Mental health of prisoners: prevalence, adverse outcomes, and interventions. *Lancet Psychiatry* 3 (September (9)), 871–881.
- Fitzpatrick, R., Chambers, J., Burns, T., Doll, H., Fazel, S., Jenkinson, C., Kaur, A., Knapp, M., Sutton, L., Yiend, J., 2010. A systematic review of outcome measures used in forensic mental health research with consensus panel opinion. *Health Technol. Assess. (Rockv)* 14 (March (18)), 1–94. <https://doi.org/10.3310/hta14180>. PMID: 20350473.
- Ghuloum, S., Ibrahim, M.A., 2006. Psychiatry in Qatar. *Int. Psychiatry* 3 (October (4)), 16–18.
- Ghuloum, S., Bener, A., Dafeeah, E.E., Zakareia, A.E., El-Amin, A., El-Yazidi, T., 2014. Lifetime prevalence of common mental disorders in Qatar: using WHO composite international diagnostic interview (WHO-CIDI). *Int. J. Clin. Psychiatry Ment. Health* 2 (April (1)), 38–46.
- Holder, S., Souza, R., 2016. Standards for Forensic Mental Health Services: Low and Medium Secure Care. Royal College of Psychiatrists Centre for Quality Improvement, London.
- Ministry of Public Health, Qatar. <https://www.moph.gov.qa/english/strategies/National-Health-Strategy-2018-2022/Pages/default.aspx> (Accessed 8 November 2020).
- Ministry of Public Health, Qatar. <https://www.moph.gov.qa/english/strategies/Supporting-Strategies-and-Frameworks/SummaryNationalMentalHealthFramework2019-2022/Pages/default.aspx> (Accessed 8 November 2020).
- Planning and Statistics Authority, 2019. Monthly Figures on Total Population. Planning and Statistics Authority. Available from: <https://www.mdps.gov.qa/ar/Pages/default.aspx> [8 November 2020].
- Sharples, J., Lewin, T.J., Hinton, R.J., Sly, K.A., Coles, G.W., Johnston, P.J., Carr, V.J., 2003. Offending behavior and mental illness: characteristics of a mental health court liaison service. *Psychiatry Psychol. Law* 10 (June (2)), 300–315.
- Walmsley, R., 2003. World Prison Population List. Home Office, London (Accessed 8 November 2020).
- Who.int, 2020. Mental Health and Prisons. Available from: https://www.who.int/mental_health/policy/mh_in_prison.pdf [cited 8 November 2020].