is an excellent chapter that we recommend as core learning for all Canadian residents and medical students. This chapter would be particularly helpful in preparing trainees for tribunals in which patients contest their involuntary hospitalization or the finding of incapacity for treatment. The final chapter focuses on assessing damages, which is an excellent resource for professionals starting out in civil law assessments or as a refresher for a more established expert.

Ultimately, Canadian Landmark Cases in Forensic Mental Health is a book that we wish we had during our forensic training and when preparing for the licensing exam. It provides a foundation and easily summarizes complex topics in such a way that is very readable for any beginner in the field of forensic mental health in Canada. It also serves as a great refresher for those working in the field, particularly around nuanced topics that we don’t encounter often. Given its comprehensive review of the topic, American and international readers would also benefit and gain further insights on these topics as they pertain to their own jurisdictions.

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Mental Health and Offending: Care, Coercion and Control


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With Mental Health and Offending, authors Dr. Julie Trebilock and Dr. Samantha Weston endeavor to survey the relationship between mental illness and criminal behavior and the various mechanisms by which the United Kingdom manages patients in the criminal justice system. Purporting to provide a “much-needed criminological approach to the field of forensic mental health” (opening page), the text primarily outlines the policies and processes related to the various players and stakeholders in the arena. Though the authors hail from the United Kingdom and the text therefore reflects the English situation, many of the concerns and criticisms apply similarly to the management of offenders with mental illness in the United States.

Dr. Julie Trebilock is a senior lecturer in the Department of Criminology and Sociology at Middlesex University in London. Her main research interests pertain to imprisonment, forensic mental health, and legal decision-making, and she has published work on the dangerous and severe personality disorder services in the United Kingdom. Dr. Samantha Weston is a senior lecturer in Criminology at University of Keele in Staffordshire. Her research has focused on substance abuse treatment programs for offenders.

The authors indicate that a criminological perspective is a useful addition to our understanding of the relationship between mental illness and offending, and the ways in which we care for, coerce, and control patients in the criminal justice system. Their book, however, does not provide sufficient evidence to support their assertion. Rather, the text vacillates between an acronym-laden recapitulation of mental health law and procedure without meaningful analysis, and a finger-pointing diatribe against the systems charged with managing mentally ill offenders.

The first two chapters set the stage for the remainder of the text and clearly establish the authors’ stance toward forensic psychiatry. The opening chapter, entitled “The Controversial Relationship between Mental Health and Offending,” provides a brief overview of some of the challenges relevant to the field of forensic mental health, including public attitudes toward those with mental illness, legal and clinical definitions, and challenges related to risk assessment. Unfortunately, the chapter’s review of the research exploring the relationship between mental health and offending, totaling five pages, lacks sufficient depth even to begin to summarize the literature in this area. The second chapter, “Key Perspectives Surrounding Mental Health and Offending,” provides comparatively ample space for the authors to delineate the viewpoints of several controversial writers, including postmodernist Michel Foucault’s views on social control and mental
health and the writings of antipsychiatry advocates Thomas Scheff and Thomas Szasz. Though the authors acknowledge that the latter two figures’ theories are “now quite dated” and “undermined by recent advances” (p 50), respectively, they subsequently write that they “remain relevant at the time of writing” (p 51). More troubling, the authors then cite David Rosenhan’s work from the 1970s, in which research subjects were asked to lie to psychiatrists about having psychiatric symptoms. The authors hold that the results of such fabrication, including inappropriate hospitalization and diagnosis, is evidence that “diagnosis in psychiatry is inherently unreliable” (p 51). They conclude the chapter by stating “the medical model has served to legitimise medical understandings of mental disorder and made the medical expert an agent of social control” (p 66). This conclusion is troubling, but not surprising, considering the sources from which they draw their conclusions.

The subsequent five chapters provide significantly more useful content to mental health professionals. They outline how various institutions have affected the management of mentally ill offenders, including the political body in the United Kingdom, the police, the courts, secure detention settings, and the community. The text addresses various concerns that are common to the United States and the United Kingdom, including reactionary mental health legislation in response to high-profile cases of violence, the challenges of deinstitutionalization and its relationship to a growing number of mentally ill offenders in custodial settings, pre- and postarrest diversion pathways, mental health courts, and pathways of care between forensic, community, and detention systems. Unfortunately, this portion of the text is not as captivating as it could be. The chapters are primarily a delineation of statutes, processes, and organizations involved, and the authors overemphasize the use of jargon and acronyms. A clinician working in the United Kingdom who wants to understand, for example, the number of hours and specific locations where someone may be detained under specific mental health holds in the UK legal code may find this information useful, although it might be more practical to look up the specific statute online.

The final chapter of the book, entitled “Care, Coercion and Control: Exploring the Key Themes Raised by Mental Health and Offending,” begins with a discussion of the ethics dilemmas and practical ironies that arise from working in forensic mental health and balancing the rights of the individual patient with the need to keep society safe. The section initially suggests a respect for the complexities associated with providing such care. Within a few pages, however, the authors warn that the Soviet abuse of psychiatry is not “consigned to the past” (p 249), a not-so-subtle suggestion that the provision of forensic mental health services is akin to institutionalizing political dissidents. The comparison readily exposes the authors’ unfavorable attitudes toward psychiatry.

Mental Health and Offending was written with the purported aim of providing a criminological perspective to the field of forensic mental health. Unfortunately, the authors’ biases appear to cloud their representation of this perspective. While several deficits are identified, few solutions are offered. Wedged between three chapters of such text are five uninspiring but perhaps useful chapters pertaining to history, policies, and processes involving various institutions and their management of the mentally ill offender. This text may present a useful overview of the UK forensic mental health system; however, if one is interested in learning about the link between mental illness and offending, forensic state hospitals, correctional mental health, or any of the other topics discussed in this text from a U.S. perspective, I recommend looking elsewhere.

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