PRACTICE GUIDELINES

FORENSIC PSYCHIATRY ASSESSMENT AND REPORT WRITING IN SINGAPORE

30 JUNE 2025

ACADEMY OF MEDICINE
SINGAPORE

SECTION OF FORENSIC PSYCHIATRY
COLLEGE OF PSYCHIATRISTS

A. THE PRACTICE OF FORENSIC PSYCHIATRY

Forensic psychiatry involves unique ethical challenges that differ from general medical ethics due to its dual obligations to the individual and the legal system. Forensic psychiatry assessments and written reports differ from general psychiatry as their purpose is to assist a legal process, not for treatment.

Recognizing these differences, this guideline was developed to provide principles specifically tailored for forensic psychiatry assessments and report writing. It aligns with the ethical standards in the Singapore Medical Council Ethical Code and Ethical Guidelines. It emphasizes best practices relevant to Singapore from recognized organizations, including the American Academy of Psychiatry and the Law (AAPL) and the Canadian Academy of Psychiatry and the Law (CAPL).

This guideline represents a consensus among College of Psychiatry members on principles and practices in forensic psychiatry assessments. It is intended to inform practice—not to serve as a definitive standard or guarantee specific outcomes—and does not cover every acceptable evaluation method.

B. FORENSIC PSYCHIATRY ETHICAL PRINCIPLES

These ethical principles provide a framework for conduct that promotes integrity, accountability, and respect. They guide practitioners in making sound decisions, protect individual and public welfare, and foster trust in the profession.

1. Respect for Persons

1.1 Inform the individual being assessed about the nature of the forensic evaluation, clarifying that it serves a legal purpose and not therapeutic intent.

1.2 Obtain consent where required, except when such consent is legally waived (e.g., court-ordered assessments). Ensure the individual understands the limits of confidentiality.

2. Professional Competence

2.1 Engage in continuing medical education and stay up-to-date with advancements in forensic psychiatry, mental health law, case law, and ethical standards.

2.2 Accept cases within one’s area of expertise and avoid misrepresenting qualifications or abilities.

3. Honesty and Objectivity

3.1 Remain neutral and objective, avoiding personal bias and advocacy and maintaining independence in forensic evaluations.

3.2 Provide opinions and reports based on relevant data, ensuring honesty even when findings do not align with the referring party's expectations.

3.3 Be transparent about the limitations, such as incomplete histories, non-cooperative evaluees, or gaps in the available data.

4. Role Clarity and Avoiding Dual Roles

4.1 Separate forensic and clinical roles. Ensure the individual understands that the forensic psychiatrist's duty is to the court, regardless of the retaining party.

4.2 Avoid dual roles when this may compromise objectivity, such as being both a treating physician and an expert witness in the same case.

C. FORENSIC PSYCHIATRY ASSESSMENT

1. Clear Purpose and Legal Relevance

1.1 Ensure the assessment addresses the specific legal instructions requested by the referring body.

1.2 Ensure familiarity with Singapore's legal standards for mental illness, criminal responsibility, diminished responsibility, and other relevant psychiatric legal concepts.

1.3 Reports are to address the legal question(s) clearly and directly, aligning psychiatric findings with the legal framework under which the court operates

2. Use Multiple Sources of Data

2.1 Corroborate findings with data from multiple sources.

2.2 Provide detailed documentation of the sources of data, methods used for assessment, and the rationale for selecting specific tools or approaches. Use validated assessment tools and methodologies that are reliable and recognized in forensic psychiatry.

2.3 Avoid over-reliance on subjective report. Cross-check subjective statements with independent data (e.g., medical records, third-party interviews, legal documents, audiovisual recordings) to ensure reliability whenever possible

3. Use Evidence-Based Reasoning

3.1 Provide clear, evidence-based reasoning to support all findings and opinions.

3.2 Link psychiatric diagnoses and symptoms to the sources of data relied upon. Opinions must be based on data specific to the evaluee and grounded in established clinical evidence of psychiatric disorders.

3.3 Consider and address alternative explanations for an evaluee's behaviour. When necessary, acknowledge the alternative explanations and explain why certain conclusions were preferred over others.

3.4 Be cautious in presenting conclusions as definitive, particularly in complex cases where multiple interpretations are possible. Use conditional language when appropriate to reflect the uncertainty of findings.

D. FORENSIC PSYCHIATRY WRITTEN REPORT

1. Structure and Clarity

1.1 Clear Language: Use plain, descriptive language understandable to lay persons.

1.2 Avoid psychiatric jargon or technical terms without clear explanations.

1.3 Use up to date Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD) diagnostic criteria for psychiatric diagnosis

1.4 Logical Organization: Present information in a coherent flow with headings and subheadings.

1.5 Conciseness and relevance: Focus the report content on clinical findings that are relevant to the legal questions and avoid unnecessarily lengthy or irrelevant information in written reports. Stay focused on relevant issues and summarize key points effectively.

2. Professional Tone

2.1 Respectful Language: Use professional language throughout.

2.2 Neutrality: Present conclusions in a neutral, fact-based manner and avoid advocacy for the retaining party. Ensure that conclusions do not appear biased towards any party and present the findings in a way that assists the court in making an impartial decision.

3. Clear Documentation of Methods and Sources

3.1 Provide detailed documentation of the sources of data, methods used for assessment, and the rationale for selecting specific tools or approaches.

4. Reasoning Process that Leads to the Opinion

4.1 Set out your opinions and reasoning: Present your opinions and their reasoning process. Show how the clinical findings relate to the legal question(s), if applicable.

4.2 Consideration of alternatives: When relevant, discuss alternative explanations and why they do not better explain the available data on the case.

5. Suggested Report Content

5.1 Introduction

- Purpose: State the purpose of the evaluation. Make a declaration that you are an independent psychiatric expert with a duty to the court.
- Referral Source: Identify who requested the evaluation.
- Referral Questions: Specify the legal questions to be addressed.
- Consent: State that the evaluee was informed of the limits of confidentiality

5.2 Sources of Information

- Documents Reviewed: List all records and documents used.
- Interviews Conducted: Note all interviews and assessments conducted.
- Assessment Tools Used: Specify tests and instruments administered.

5.3 Background Information

- Personal History: Summarize relevant biographical information.
- Medical and Psychiatric History
- Substance Use History
- Forensic History: Outline prior legal involvement pertinent to the case.

5.4 Assessment Findings

- History of the index offence and/or the primary issue under assessment
- Cooperation Level: Note the level of engagement and any resistance.
- Mental Status Examination: Describe the evaluee's demeanour during the assessment. Present findings related to cognition, mood, thought processes, etc.
- Psychological Testing Results: If applicable, summarize test scores and interpretations.
- Medical Investigations: where applicable, provide a summary.

5.5 Opinions

- Psychiatric Diagnosis: Use up to date Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD) diagnostic criteria, if applicable.
- Address the Legal Question(s): Set out the reasoning process and describe how the individual's psychiatric conditions either do or do not impact the legal test that is the focus of the assessment. Use case-specific data grounded in established clinical evidence of the relevant psychiatric disorders.

5.6 Recommendations (if applicable)

- Treatment Suggestions: Propose interventions that may benefit the individual.
- Risk Management: Offer strategies to mitigate any identified risks.

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