Faculty of Forensic Psychiatry Annual Conference 2020

Poster abstracts & Exhibitors

Date: Wednesday 4th – Friday 6th March 2020
Venue: ACC Liverpool
Abstract Number: 1

**Comparison of the characteristics of individuals detained by the Police for potentially criminal behaviour who require an assessment of mental health in both custodial and health based place of safety settings.**

*Dr. Nick Dossetor* - middle grade doctor for the health based place of safety in Hackney. *Dr. Sally Daly* - consultant psychiatrist, crisis service.

This piece of work examines the characteristics of individuals who have been brought to the attention of the Police for potentially criminal behaviour and who require an assessment of their mental health. Information is gathered relating to demographics and presenting behaviours of 2 cohorts who receive an assessment of mental health after having been detained - either under section 136 (S136) or after arrest, or both - by the Police. It is a prospective study over 6 months in the London Borough of Hackney. Information is being collected on all patients who require a mental health act assessment in Police custody and all patients who are assessed in the Borough section 136 suite who have been detained after behaviour which is potentially criminal – as identified by the Police at the time of detention. This latter group includes those discharged from S136 into Police custody; those admitted to a psychiatric in-patient unit who are followed up by the Police and those who are simultaneously detained under S136 and arrested. Demographic information collected includes age, gender, ethnicity, mental health history and forensic history. Additionally information regarding the nature of the behaviour at the time of apprehension is categorised and documented. The aim is to examine whether there are any patterns regarding the 2 cohorts and any identifiable factors more likely to lead to arrest or transfer to a section 136 suite, for those individuals who present with potentially criminal behaviour who subsequently require an assessment of their mental health.
Good Practice in Prevention of Suicide and Homicide

Dr Tiago Gameiro Inacio  Dr Mike Kingham

Aims and hypothesis  To establish current practice in the assessment and management of risk of suicide and homicide in patients of the forensic care group and support the ongoing development of the care group's prevention strategies.

Background  Both the NICE guideline [NG105] - Preventing suicide in community and custodial settings NICE guideline and The National Confidential Inquiry into Suicide and Safety in Mental Health 2018 set out recommendations to assess and manage the risk of homicide and suicide in mentally ill patients. This project was completed to measure practice against the above guidelines.

Methods  Twenty patients were randomly selected, ten from the forensic inpatient group at the Trevor Gibbens Unit and another ten from the Forensic Outreach Liaison Service. A retrospective audit was conducted and included: HCR-20 three months following admission and six monthly; a completed three-tiered risk summary with risks managed in care plans; minimised ligature points; documentation of relapse indicators, crisis/contingency plans and relevant contacts; allocation of care coordinator; carer invited to the CPA review meeting; carers assessment offered where applicable; evidence of co-morbid substance use assessed and care planned if appropriate; follow-up within a maximum of 7 days.

Results  The majority of patients had comprehensive risk assessments which informed their care plan. Follow up took place in all cases within 7 days of discharge and within 48 hours in case of ongoing risk of suicide. Only two patients had their relapse indicators documented in their care plans but not in the appropriate RiO section. Only three patients had their crisis/contingency plans appropriately documented on RiO. Out of ten forensic inpatients, only three had the invitations clearly documented in the RiO notes, the same number in FOLS patients. It is plausible that more carers/relatives were invited but not documented if the invitation was declined. Although all patients had a history of substance misuse assessed, their care plans were generally quite limited in addressing this.

Conclusions  It is likely that insufficient documentation has produced some of the results above. Teams across the care group need to be more consistent in their RiO documentation.
isolation is a significant risk factor and carer involvement, when appropriate, is essential in preventing this. Substance misuse is a major risk factor and teams must consider formulating care plans that present strategies to manage this issue or prevent relapse, even when patients are abstinent at the point of review.

Abstract Number: 3

Talking about Stalking: An analysis of stalking behaviours towards health professionals working within NHS Greater Glasgow and Clyde

Dr Gillian Paterson, ST6 Forensic Psychiatry  Dr Judi Bolton, Consultant Clinical Forensic Psychologist  Rachel Gilmour, Psychology Assistant  Heather Tolland, Research Assistant  Heather

Aims and hypothesis  We aim to investigate the prevalence of stalking of mental health professionals in NHS Greater Glasgow and Clyde (GG&C) and explore the characteristics of case studies of stalking. By using the data gathered we aim to update the NHS GG&C policy on stalking.  Background  There is a significant volume of literature around stalking of mental health professionals however much of this focuses on the experience of psychiatrists and prevalence rates of stalking. This study will assess prevalence of stalking experiences in all those working in mental health in the Glasgow area, including administrative and other non-professional staff members who have patient contact. It will also explore the different types of stalking experienced and the types of stalker staff have experienced. We will ask them about their experiences with patients but also with patients’ carers and families, other staff members and people from their personal lives, as well as strangers. The literature on stalking is somewhat dated as there is only scant literature on electronic methods of stalking for instance via social media. The local stalking policy contains no guidance on how to manage being stalked via social media. We hypothesize that staff who have experienced stalking will have come across unwanted attempts to find or connect with them via social media. By undertaking case studies of staff stalkers we will gain an enhanced understanding of different types of stalkers and risk factors.  Methods  We will undertake a staff survey electronically sent to all staff members working in mental health in NHS
GG&C, which is around 2000 people. This will explore their experience of stalking and the impact on them. We will undertake statistical analysis of results using SPSS. We will undertake qualitative analysis of case studies of stalkers known to Forensic Mental Health services in NHS GG&C including those who have been referred to the specialist stalking assessment team hosted by the Forensic service. We aim to produce a case series linking any common characteristics. Ethical approval for both parts of the study has been obtained from the board ethics committee. Results and Conclusions The study will close in October 2019 and we anticipate having full analysis of the results by December 2019 in preparation for presentation.

Abstract Number: 4

Development of an ADHD Pathway at HMP Pentonville

Dr Bhathika Perera  Dr Ken Courtenay  CPN Patricia Jacob

Aim; To increase the number of prisoners newly treated for ADHD by 50% in the year from February 2019 compared to the previous year at HMP Pentonville by developing a pathway which will help to diagnose and treat ADHD. Background; Research has shown that there is a 4-5 fold increase in the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) in prisoners compared to the general population. However, a significant number of prisoners remain undiagnosed or untreated. Treatment of ADHD can significantly improve the quality of life of people with the disorder. Research has also shown that ADHD can contribute to criminal behaviour and thus its treatment can reduce recidivism. There is no published evidence on diagnostic and treatment pathways for prisoners with ADHD in the UK. Method; A quality improvement project was developed along with a driver diagram to identify drivers and change ideas, as shown in the diagram [to be included in poster], which can help increase the number of prisoners diagnosed and treated for ADHD. Various measured were then identified for data collection. These include the number of; prisoners referred to the ADHD service, ADHD screens, Non attendees (DNAs) to clinic, ADHD assessments, Prisoners diagnosed, Prisoners treated for ADHD. Data of the above measures was
collected for the year from February 2018 for comparison. From February 2019 data is being collected monthly. At various points in the year from Feb 2019 the change ideas are being implemented to see what effect it is having on the measures.

Results; So far results have shown a significant increase in the number of ADHD screens and referrals to the ADHD service. Consequently there has been an increase in the number of ADHD assessments and prisoners diagnosed/treated for ADHD. However, there has been little difference in the number of DNAs to the ADHD clinic.

Conclusion; Since the inception of an ADHD service at HMP Pentonville there has been a notable increase in the number of prisoners diagnosed and treated for ADHD [exact number/percentage to be attained at end of study in February 2020]. The prison is a complex environment with various stakeholders involved in its management. This has an impact on the implementation of the ADHD pathway/service and thus the measures above. Prisoners often present with multiple diagnoses and misuse substances in prison making diagnosis of ADHD difficult. HMP Pentonville being a remand prison means that patients are often lost to follow-up.

Abstract Number: 5

‘Risk’: a textual and phenomenological analysis to clarify its meaning in clinical practice.

Dr Jonathon Whyler, CT2 in Psychiatry (Cheshire and Wirral Partnership NHS Foundation Trust), Dr Peter Wilson, ST5 in Psychiatry (Cheshire and Wirral Partnership NHS Foundation Trust), Professor Rajan (Taj) Nathan, Consultant Forensic Psychiatrist & Director of Research (Cheshire and Wirral Partnership NHS Foundation Trust), Visiting Professor (University of Chester)

Aims and hypothesis The aim of this study was to explore the notion of risk. It was hypothesised that the meaning of risk is unclear. Background In order to assess and manage ‘risk’, we need to be clear about its meaning. We can look to agreed definitions, but ultimately, as advised by Wittgenstein, ‘meaning is use’. We have interpreted this advice in two ways, namely (i) the way the word has been used and (ii) how the notion arising from the analysis of its use can be used. Methods This
study involves two stages: (i) a textual analysis of major risk assessment/management guidelines to clarify the meaning of 'risk'; and (ii) a phenomenological exercise of applying the identified meaning(s) of ‘risk’ to forensic mental health decision-making scenarios. Results  Part 1: The preliminary results of the textual analysis indicates that the term 'risk' has been used variably (and so with different meanings) within the same set of guidelines without acknowledgement of this variability. The predominant use is as a noun to convey likelihood, either in general or specifically as applied to harm. Risk as a noun is also used to mean type of harm (e.g. ‘forms of risk’), a type of activity (e.g. ‘risk assessment’, ‘risk management’ and ‘positive risk-taking’), or danger (e.g. ‘risk cannot be eliminated’). Other uses include an adjective to qualify a variable on the basis of its stated association with a harmful outcome (e.g. ‘risk factor’), or to qualify the outcome itself as harmful (e.g. 'risk outcomes'). Sometimes, the way the word has been used is not completely clear. Part 2: The outcome of the phenomenological exercise is that the commonest usage ('likelihood') is not immediately understandable in typical clinical decision-making scenarios in which there is a single entity (i.e. a person) and an unknown number of outcomes which can be dynamic in nature. Clinicians tasked with using the notion of risk are liable to introduce a quantitative element by estimating (i) the similarity between the patient and a prototypical case representing ‘high’ or ‘low’ risk, and/or (ii) the degree of emotional dissonance the clinician experiences when anticipating the future. Conclusions The meaning of risk as derived from its official use is confused and the common meaning of 'likelihood' is difficult to translate into a useable form for clinical everyday decision-making. Alternative approaches to the use of the term risk in clinical practice will be presented.
Speech and Language Considerations for Young People in the Children and Young People’s Secure Estate

Jack Kennedy  Marianne Loftus  Rebecca Coyne

Background: There is currently extremely limited literature exploring speech and language needs of young people within secure settings. Preliminary findings have identified approximately 60% of young people accessing youth justice settings present with communication needs. Aims: To explore speech and language functioning of young people in two Secure Children’s Homes (SCHs) in the North East of England. Method: Sixty young people (24 female; 36 male) in two SCHs completed five subtests of the Clinical Evaluation of Language Fundamentals (CELF) 4th and 5th Edition (Wiig et al.,2006; 2013). The CELF measures; (i) auditory memory; (ii) understanding of spoken paragraphs; (iii) receptive language; and (iv) expressive language. Results: Findings indicated the highest proportion of young people presented with difficulties (very low – borderline range) in receptive language (82%), followed by expressive language (61%); formulated sentences; (51%); understanding spoken paragraphs (48%), and auditory memory (33%). At the trend level, males scored higher on all CELF domains including auditory memory (M = 9.03; SD = 3.18), spoken paragraphs (M=8.11; SD=3.66), receptive language (M=5.86, SD-3.73), expressive language (M=6.90; SD=4.24) and formulated sentences (M=7.15; SD=3.76) than females (M = 7.8; SD = 2.9); (M=7.14; SD = 4.04); (M=4.83; SD=3.27); (M=6.75; SD=3.57); (M=6.06; SD = 3.76). Preliminary independent sample t-tests did not find differences were statistically significant, or find significant differences between young people subject to welfare rather than youth custody disposals. Discussion: Results highlight speech and language difficulties within young people in SCHs, particularly in receptive and expressive language domains, and importance of support in these areas.
The SECURE STAIRS Framework: Preliminary Evaluation of Formulation Developments in the Children and Young People's Secure Estate

Aisling Martin  Romana Farooq  Jack Kennedy  Amy Wilson  Rebecca Coyne

Background: The SECURE STAIRS framework is a whole system approach to integrated care within the Children and Young People's Secure Estate. Developments within the framework include embedding psychologically-informed formulation across secure settings with young people.  

Aim: To evaluate pre and post-formulation findings with multi-disciplinary staff within two Secure Children's Homes (SCHs) in the North East of England.  

Methods: Multi-disciplinary staff teams involved in formulation across two SCHs were administered pre-and post-formulation questionnaires. The pre and post-formulation questionnaires focused on five domains: (i) knowledge; (ii) confidence; (iii) motivation; (iv) understanding; and (v) satisfaction with treatment plan.  

Results: A total of 268 pre and post-formulation questionnaires were administered across 34 formulation meetings.  The highest proportion of formulation attendees were; (i) residential staff (45%); (ii) mental health staff (17%); (iii) case managers (11%); and (iv) education staff (9%).  

Paired samples t-tests showed significant post-formulation improvements across all domains including; (i) knowledge \[t(267) = 19.29, p < .001\]; (ii) confidence \[t(267) = 12.28, p < .001\]; (iii) motivation \[t(267) = 6.57, p < .001\]; (iv) understanding \[t(267) = 16.74, p < .001\]; and (v) satisfaction \[t(267) = 16.02, p < .001\].  

Discussion: The SECURE STAIRS framework has supported formulation developments across the Children and Young People's Secure Estate. Preliminary findings within two SCHs suggest multi-disciplinary staff teams find psychologically-informed formulation beneficial. Future directions are considered including future evaluation of young person involvement in formulation meetings.
Assessing the narrative content and use of language in online news articles concerning Scottish forensic psychiatry institutions

Dr. Alan Mackenzie  Dr. Darcy Brown

Aim and Hypothesis: This study aims to establish if there is a pattern in the narrative content and language used in online news articles pertaining to Scottish forensic psychiatry institutions. The hypothesis for this study is that general language and thematic commonalities will exist; these will likely concern stigmatising themes of violence, dangerousness, and insanity.  

Background: A number of previous studies have considered the presence of stigmatising language regarding mental health in written or print newspaper articles. This study will use a similar approach to look at stigmatising language in online news articles from the most popular news websites.  

Method: Online searches of the 10 most commonly used news websites in the UK and 2 additional news websites with a large Scottish audience. These websites were identified using an OfCom report entitled News Consumption in the UK (April 2018). Searches were completed using the name of forensic psychiatric institutions delivering low, medium and high secure care in Scotland on each of the websites. Independent/private providers were included; however, institutions providing only forensic learning disability care were not included. The institutions were identified using the Mental Welfare Commission’s Visit and Monitoring Report (August 2017). The identified articles were placed in an excel spreadsheet proforma. Articles were included if the main focus of the article related to mental health, the name of the unit or ward was included and the full article was available. Articles were excluded if they were not in English. Each article was assessed individually and recurring words were identified using computerised search functions. A word map was created to visually represent the recurrence of individual words. The recurring words were grouped into themes and each theme will be discussed using direct quotations from the news articles. Comparisons were made between articles concerning the institutions providing the different levels of security in order to ascertain whether the language used differs based on this. Two independent assessors graded the positivity and negativity of each article, with any discrepancies resolved by a third reviewer.

Results: The full results have yet to be
collated for this project but will be available before the scheduled conference date. Initial consideration of the results has shown that a significant amount of stigmatising language continues to be used within news articles and the majority of articles published online mentioning forensic mental health institutions in Scotland are negative in nature. Conclusions: Not yet available

Abstract Number: 9

Analysis of restrictive practices used in the management of BAME patients at Ashworth High Secure Hospital

Pushpinder Ssidhu, John Crosby

Aims and hypothesis  To understand the use of restrictive practices among ethnically diverse patients at Ashworth High Secure Forensic Psychiatric Hospital over a 10 years period between 2006 and 2016. Background  An article on ‘Detentions under the Mental Health Act’ by NHS Digital highlighted that the people in Black ethnic group were most likely and people in the White ethnic group were the least likely to be detained under the MHA in 2016/2017. After looking at the ethnic distribution among admissions and discharges from Ashworth Hospital last year, we have looked into the use of restrictive practices such as seclusion, segregation and increased observations for the management of BAME patients. Methods The catchment area of Ashworth Hospital includes North West, West Midlands and Wales. The ethnic composition of the catchment area population shows that 89.5% are of White ethnicity, 6.43% are Asians and 1.76% are Blacks. The total BAME (Black, Asian and Minority Ethnic) population is 10.5%. The data was collated from the electronic patient record system. Results Among 331 admissions at Ashworth hospital between February 2006 and December 2016, there were 63 patients from BAME group. The ethnic breakdown showed that White ethnic group was 80.2% and BAME was 18.9%. BAME group consisted of Blacks ethnic group – 30, Asians – 9 and Mixed race – 24. When looked at the rate of incidents and number of seclusions, four patients were not involved in any incidents and did not require seclusion. Eleven patients were involved in incidents but they did not require seclusion. Two patients were not involved in incidents, but
they were required seclusion. Forty-six patients were involved in incidents and required seclusion. The longest period of continuous seclusion, segregation and increased observation was 637 days, 2577 days and 1453 days, respectively.

Conclusions There was over-representation of BAME in Ashworth High Secure hospital, reflecting the national picture when it comes to detentions under the Act. The results indicate that the patients were being managed appropriately as this was based on their involvement in the number of incidents and risk to others.

Abstract Number: 10

**Therapeutic Spaces in Confined Places: A History of the Architecture of Europe’s Oldest Forensic Hospital**

Dr Aoibheann McLoughlin, Registrar in Forensic Psychiatry, Central Mental Hospital, Dundrum, Dublin 14, Ireland. Dr Lisa McLoughlin, Consultant in Forensic Psychiatry, Central Mental Hospital, Dundrum, Dublin 14, Ireland.

Aims and Hypothesis: This report aims to provide a descriptive analysis of the architectural origins and structural developments in Europe’s oldest forensic secure unit over the past 170 years. In tandem with a descriptive exploration of the history of this building, this report will also delve into literature on the connection between environment and structure in facilitating therapeutic spaces in secure settings.

Background: Built between 1847 and 1851, the “Central Criminal Lunatic Asylum for Ireland” was established in 1850. What is now known as the Central Mental Hospital (CMH) is Europe’s oldest secure forensic hospital. It is located in Dundrum, South Dublin, Ireland, and currently provides over 100 patient beds. In cognisance of the need for an environment more attuned to the needs of its service users, CMH is due to move to a new modernised facility in 2020. This report outlines its architectural origins and structural developments over its 170 year history.

Methods: This is a descriptive study. We used original blueprints, photographs, archived plans, and referenced case-notes dating from its inception in 1847 up to 2019. These were obtained from the CMH Archives, The National Inventory of Architectural Heritage, and The National Archives of Ireland.

Results: Originally built on a T-shaped plan as a detached 2-storey, single-bay (3-bay deep) gable-
fronted hospital composed of limestone and cut-granite, CMH, Dundrum has evolved to consist of nine psychiatric units located in three separate buildings on the original hospital site. Eight of these units cater for male patients in a rehabilitation, low, medium, and secure environment. One of these units caters for female patients, although stratification according to therapeutic need is challenging due to space restriction. Structural changes through time are documented, referencing therapeutic, relational and physical security considerations. Conclusions: This report offers a descriptive account of the architectural origins and developments of Ireland’s National Forensic Mental Health Service. Its status as Europe’s oldest forensic service is reflected in its architecture and structure, which is no longer fit for purpose. While structural limitations restrict a capacity for the development of optimal living spaces, a focus on creating a safe and stable environment via physical, procedural, and relational security measures is explored. Financial Sponsorship: None

Abstract Number: 11

"Say Why To Drugs"

Dr A Shafi, Dr Bennett Alakakone, Dr Charlotte James, Lawford Clough

Aims and Hypothesis Substance misuse has been shown to have a high prevalence rate amongst the Forensic Psychiatry service user community. This study was designed to understand the rate of historical and current substance misuse amongst the patient population currently admitted to the John Howard Centre in East London and explore characteristics associated with engagement or lack thereof in rehabilitation and recovery work in relation to substance misuse. Background Substance misuse within patients within a Forensic Psychiatry service are often multi-factorial in origin and nature and related to the index offence. The current literature states a link between Adverse Childhood Experiences (ACE) and rates of substance misuse and offending in later life and we wanted to understand this better in our patient population, especially to understand if there was any association with wanting to receive help and support for substance misuse issues. Methods The electronic records of all patients
admitted to the John Howard Centre during the month of August 2019 were reviewed under the purposes of a service evaluation project. Data related to historical and current substance misuse, the relationship between substance misuse and the index offence and engagement with substance misuse rehabilitation and recovery services were the main ones gathered and entered into a spreadsheet, and this was later entered into SPSS software for analysis. The data was collected by the Forensic Psychiatry Registrars.

**Results**

The records of 180 patients were reviewed. Overall the main findings were over 90% of patients had historical and/or current substance misuse and that this had played a part in their index offence. No real correlation was found between certain substances and the occurrence of the index offences and there was no clear relationship found for which certain patients would engage with rehabilitation and recovery work and those who did not. Cannabis misuse was the most common substance either used historically or currently within the inpatient environment. Adverse Childhood Experiences were found to be globally poorly documented. Also the reason why patients used a particular substance was also poorly documented.

**Conclusions**

Further research is required in this area. Adverse Childhood Experiences need to be documented clearly for each patient and we would recommend an admission template for this to be completed upon. Moreover patients should be routinely asked why they have used a particular substance and what they actually want from rehabilitation and recovery work, do they ever see a life without drugs.
Abstract Number: 12

An exploration of the consumption of caffeinated energy drinks within a forensic mental health service in NHS Lanarkshire, Scotland

Dr Laura Hamilton (ST4 in Forensic Psychiatry); Dr Fiona Cooper (Consultant Forensic Psychiatrist); Dr Ayesha Raja (Consultant Forensic Psychiatrist)

Aims and Hypothesis It is hypothesised that patients under the care of forensic psychiatry consume high levels of caffeinated energy drinks and that patients and staff have opposing views on the effect of these drinks. The aims of this cross sectional study are to describe patterns of energy drink consumption within a forensic psychiatric population and to explore attitudes of patients and staff towards these drinks. Background Caffeinated energy drinks are non alcoholic beverages which contain a combination of ingredients with stimulant properties, claiming to improve energy and mental alertness. Since their introduction to the UK market, consumption of these drinks has increased dramatically from 463 million litres in 2010 to 672 million litres in 2015. There is increasing awareness of the adverse psychological effects of these drinks with published case reports of energy drink induced psychosis. High levels of energy drink use in soldiers was associated with depression, anxiety, alcohol misuse and aggressive behaviours including shouting, threatening violence or fighting. Adverse physical effects include tachycardia, hypertension, prolonged QTc, insomnia, renal dysfunction and obesity. These may pose a particular concern for forensic patients. Whilst there is some literature on the effect of energy drinks on mental health, none specifically address the forensic patient population. This study seeks to address this. Methods This study will be undertaken across the NHS Lanarkshire Forensic Mental Health Service, comprising a 15-bedded low secure unit, a 12-bedded rehabilitation unit, and an out-patient service with a current caseload of 30 patients. Participation in the study will be open to all patients within the service, and entirely voluntary. Capacity to consent will be assessed by the patients’ clinical team. A self-report survey will be provided for completion by participating patients, to collect quantitative data relating to the volume, frequency and timing of their consumption of energy drinks. The physical and mental effects will also be assessed using this survey. Focus groups will then be used to explore the attitudes
of patients and staff towards these drinks. The qualitative data will then be analysed to determine emerging themes. Results The results of this study will be available by February 2020. Conclusions The results of this study will provide a further understanding of patterns and effects of energy drink consumption in a forensic psychiatric population. By improving understanding, we hope to identify avenues for patient education and harm reduction, as well as identifying relevant issues for further study. Financial Sponsorship: Nil

Abstract Number: 13

**Newton Lodge 2017-2019 Audit: Timely Access Assessments**

*Sophia Hyeyoen Kim*

Aims The aims of this audit is to see whether access assessments at Newton Lodge are completed within timescales stipulated by the 2019/20 Commissioner Guidance. Background About Newton Lodge Newton Lodge is a 90-bed medium secure unit in Fieldhead Hospital, Wakefield that assesses and treats patients 18 to 65 years old, who present serious risk of harm to others. Newton Lodge accepts referrals from NHS and other trusts and the Police. Importance of Timely Access Assessments The Department of Health recognises that delays in the hospitalisation of severely mentally ill prisoners can be severely distressing to prisoners and custodial caretakers. Prisoners often await transfer in unsuitable conditions such as in segregation and there are at least 282 prisoners awaiting initial psychiatric assessment by a psychiatrist at any one time. In view of unmet prison mental health needs, the Department of Health piloted the 14-day transfer time target in 2009. Unfortunately, despite unequivocal recognition of the importance of timely prisoner transfers, of the 1081 prisoners transferred to secure hospitals, only 34% of prisoners were transferred within 14 days and 7% waited over 140 days between 2016-2017. Meeting the target 14-day transfer is complicated by inconsistencies across prisons and secure services in the quality of referrals and assessments and the fact that secure hospitals and prison healthcare are commissioned by different parts of NHS England, neither with overarching responsibility for meeting the target. Communication breakdowns within and
between prisons and secure services account for two thirds of all delays, particularly delays in access assessments. Access assessment is a rate-determining step in the complex process of transferring a prisoner and ensuring timely assessment has the potential to improve outcomes for service users. 

Methods

The date of referral, receipt, discussion, medical/nursing assessment and urgency were collated from the administrative spreadsheet for the last 51 referrals between 12/07/2016 and 02/08/2019. Missing fields were filled in retrospectively by referring to SystemOne, gatekeeping email inbox, electronic NHS Assessment files on KDrive.

Results

At least 82% of referrals are discussed on time and 56% of medical assessments are completed within stipulated timescales bearing in mind 9% of referral discussion and 21% of medical assessment dates could not be located.

Conclusions

The significant proportion of untimely access assessments demonstrates the need for easily accessible, explicit guidance for trainees. The low documentation rate of key referral parameters needs improving for future audits to accurately identify aspects that delay the overall disposal of the referral.

Abstract Number: 14

Comparing the prevalence of those with a primary or secondary diagnosis of personality disorder across a high secure hospital using ICD 10 and ICD 11

Dr Anju Soni, Dr Samrat Sengupta and Dr Ian Treasaden.

Aims and hypothesis

To establish the prevalence among patients of a high secure hospital of those with either a primary or secondary diagnosis of personality disorder and its recorded type according to the ICD 10 and then to classify the type of personality disorder present using ICD 11, including its borderline personality disorder specifier, and thus establish the likely implications of the introduction of ICD 11 in relation to such patients.

Background

There has been an increasing recognition of the lack of clinical validity of different types of ICD 10 personality disorder. ICD 11 has proposed the dropping of the classification of personality disorder based on particular types of personality disorder and instead adopts a diathesis model based on 2 dimensions: the presence of personality disorder and
its severity. Methods The electronic medical records were used to establish the presence and type of personality disorder using the criteria of ICD 10 and ICD 11. Results From a total population of 208 patients, 64(30.8%) were classified as having either a primary or secondary diagnosis of personality disorder according to the ICD 10. 30 (47%) had dissociative personality disorder, 19 (30%) emotionally unstable personality disorder (EUPD) and 8 (13%) paranoid personality disorder. 20 (31%) had a comorbid diagnosis of mental illness and about a tenth had diagnoses of multiple personality disorders. All patients met the criteria of personality disorder under ICD 11 but the number with a borderline specifier was greater than those with an ICD10 diagnosis of EUPD. Conclusions The results confirm that psychiatrists in a high secure hospital reliably diagnose the presence of a personality disorder. They are less able to make an accurate diagnosis as to the actual type of personality disorder. The new ICD 11 classification would increase the clinical validity of the diagnosis of personality disorder and its severity.

Abstract Number: 15

**Physical Health Monitoring on an Adult Inpatient Low Secure Unit**

*Dr L Ramachandran  Dr R Sarin  Dr V Cowell*

Patients with severe mental illness are known to have increased mortality and morbidity compared with the general population. An increased incidence of diabetes, hypertension, obesity, dyslipidaemia and metabolic syndrome all place these patients at higher risk of developing cardiovascular disease. Lifestyle choices such as smoking, poor diet and low physical activity also contribute. Furthermore, some second-generation anti-psychotics, use of HDAT are associated with an increased risk of weight gain and obesity, hyperlipidaemia, new-onset diabetes and cardiovascular disease. Within the low secure inpatient setting, a typical admission duration can be between one to two years, presenting an opportunity to provide interventions which can help to reduce rates of cardiovascular disease within this high risk patient group. At a low secure, male, 15 bedded inpatient unit, various interventions are already in place to try and address these issues. These include regular monitoring of lipid profile, Hba1C, BMI and waist circumference,
fortnightly medical reviews by a GP, annual health reviews, occupational therapy input around exercise, food shopping and meal preparation, psychological interventions and a no smoking policy with nicotine replacement provided. The Lester UK adaptation of the Positive Cardiometabolic Health Resource is a tool designed by NHS England, NHS Improving Quality, Public Health England and the National Audit of Schizophrenia Team. It supports the recommendations relating to monitoring physical health in the NICE guidelines on psychosis and schizophrenia in adults. We aim to audit existing secondary and tertiary prevention methods currently implemented at our low secure unit against the Lester Cardiometabolic Health Resource. In doing so, we hope to gain a greater understanding of the health risks posed, and develop effective interventions for prevention and treatment of cardiometabolic disorders in schizophrenia and severe mental illness within our inpatient population.

Abstract Number: 16

**Using the Social Communication Questionnaire to identify young people residing in Secure Children’s Homes with symptom complexes compatible with Autism Spectrum Disorder**

P.J. Kennedy, P. Sinfield, L. Tweedlie, C. Nixon, A. Martin, K. Edwards & V. Ladu

Aims and hypothesis  The aim of this study was to evaluate the prevalence symptoms compatible with an Autistic Spectrum Disorder (ASD) diagnosis in young people residing within Secure Children’s Homes (SCH’s) in England. It was hypothesised that compared to the general population, an increased incidence of ASD-compatible symptomology would be found within the population sample. 

Background  ASD affects approximately 1% of the general population. The prevalence of ASD, or symptom complexes compatible with an ASD diagnosis, amongst individuals in the general population varies significantly between studies. Prevalence rates of ASD within forensic/secure populations appear higher but still remain ill understood with minimal research exploring prevalence rates in young people residing within SCH’s. There are critical implications for the resourcing and understanding of the care, management and treatment of young people with
these constellation of difficulties. Methods This preliminary investigation explores the prevalence of symptoms compatible with an ASD within SCH’s in the UK. The Social Communication Questionnaire (SCQ) was completed with support workers for 113 adolescents admitted to two SCH’s in England as part of a routine clinical assessment. Results The SCQ identified 15 (13.3%) young people with symptoms compatible with an ASD presentation, 10 of which reached the cut off score that warrants diagnostic evaluation (8.8%). Differences in gender, legal status and a history of Child Sexual Exploitation (CSE) were significant. Conclusions These findings suggest that a greater proportion of young people residing in SCH’s in the UK demonstrate symptoms compatible with an ASD diagnosis than in the general population. These findings highlight this group’s potential requirement for additional supports, bespoke interventions, resources, care and treatment. Future research investigating ASD prevalence and social/communication difficulties within SCH’s is needed to strengthen the evidence base is discussed.

Abstract Number: 17

IQ profiles of young people detained in a Local Authority Secure Children’s Home

P.J. Kennedy, C. Nixon, A. Martin, D. Sanderson, K. Edwards & V. Ladu

Background Low IQ levels and a high prevalence of learning disabilities have been found in adolescent forensic community and secure settings, in comparison to the general population. Research has identified that 1 in 5 juvenile offenders in England and Wales have a learning disability and a further 1 in 3 have been identified as having a borderline learning disability. Previous research has been limited in only focusing on the intellectual abilities of young male offenders. This study extends the evidence base by also examining the intellectual abilities of sentenced females and those detained under the Children Act 1989. Methods Neuropsychological evaluations were administered to 378 Children, detained under criminal and welfare legislation, within a Secure Children’s Home in the North East of England over a 10 year period (2007-2016). Results Analyses showed the majority of participants (71%) scored below average (<90), with 15% recording IQ scores of 70 or
below, which indicate the presence of a learning disability. Females significantly outperformed males on full scale IQ (p<0.05). Whilst those on welfare orders significantly outperformed those on criminal orders in full scale IQ (p<0.001).

Conclusions  The results are consistent with and advance the previous literature; indicating the secure children’s home population is performing well below average and exhibiting a higher prevalence of general learning disability (15%) than the general population. The difference in performance between genders is particularly interesting; and raises the question of why males, and particularly those on criminal orders are performing so poorly. The results highlight this group’s potential requirement for additional learning disability support, bespoke interventions, resources, care and treatment.

Abstract Number: 18

The Prescribing Practice of Quetiapine beyond its license at HMP Woodhill

Dr Reena Panchal (ST4 in Forensic Psychiatry)  Dr Stephen Attard (Consultant Forensic Psychiatrist)

Aims and hypothesis  The audit evaluated the prescription of Quetiapine at HMP Woodhill and whether its off label use was in line with standards set out in Use of licensed medicines for unlicensed applications in psychiatric practice , The Royal College of Psychiatrists (2nd edition) (CR210 Dec 2017)  This audit examined off label indications, range of doses, initial prescriber, history or current evidence of psychosis, history of substance misuse and whether other “red” medication were being prescribed.

Background  In comparison with other antipsychotic medication, Quetiapine has a high abuse potential among the offender population. Of concern is the number of off label prescriptions of Quetiapine. Off label use of medication requires clear documentation of rationale, consent and communication within the multidisciplinary team. This is particularly relevant to Quetiapine use in secure settings given its potential for overdose, physical health side effects and the complexities encountered with diagnoses and management.

Methods  Electronic records of prisoners at HMP Woodhill who had a current or
past prescription of Quetiapine were searched. Data was collected onto a spreadsheet and analysed. Results 53 patients had previous or current prescriptions of Quetiapine. Quetiapine was prescribed off label in 45 patients. The off label use and explanation of benefits and risks of Quetiapine were documented in 11% of records. There was no communication to other health professionals of the off label use. There were inconsistencies in doses prescribed, who had started initially and the clinical indication. The majority had diagnosis of personality disorder with co morbid substance misuse. Conclusion The standards to ensure safe prescription of off label medication are not being in the prescribing of Quetiapine at HMP Woodhill. The recommendations include setting up a safer prescribing committee, clear documentation in records and access to a patient information leaflet. Re audit is planned in 3 months.

Abstract Number: 19

Using a survey based quantitative method to investigate whether staff and young people consider Cognitive behavioural therapy for insomnia (CBTi) being feasible for adolescents with insomnia in a Secure Children's Home (SCH)?

Dr P J Kennedy  Dr O A Abuah

TITLE: Using a survey based quantitative method to investigate whether staff and young people consider Cognitive behavioural therapy for insomnia (CBTi) being feasible for adolescents with insomnia in a Secure Children's Home (SCH)?  AIMS: The aim of this study was to consider the feasibility of implementing CBTi in an SCH environment and the factors that could promote and / or affect this being conducted.  BACKGROUND: SCH's are Local Authority secure accommodation environments for children and young people detained under available criminal and welfare legislation in England & Wales, between the ages of 10-17. The population typically presents as one of the most vulnerable in our society. Poor sleep has been found to have significant adverse impacts on a number of physical, emotional, psychosocial and mental health indices. A paucity of research into CBTi in child & adolescent community and / or secure service populations exists and this
endeavour hoped to establish the feasibility of such in a SCH. METHODOLOGY: A survey based method – A 6 item based questionnaire was administered in a semi-structured interview style at an SCH in the North East of England to determine staff and children’s views on the feasibility of conducting CBTi in that environment. 10 participants were recruited - 8 staff members and two young people between the ages of 12-18 years old; one male and one female. Both young people had to have history of sleep difficulty. Questions were focused on awareness and knowledge of CBTi and both practical and institutional factors which could affect the implementation of such within the SCH. RESULT: Results showed that participants overwhelmingly considered CBTi to be feasible in the SCH environment and identified factors that could affect the successful clinical implementation of such. CONCLUSIONS: The evidence indicates that staff and young people in an SCH consider the use of CBTi to be warranted, feasible and likely effective within that environment in the care of children detained. We discuss identified practical and institutional issues that may contribute to the implementation of this within a secure setting. We highlight that future clinical and academic research could benefit from operationalising a full CBTi intervention protocol for the young people in SCH’s.

Abstract Number: 20

Schwartz Centre Rounds: A Qualitative Exploration of Panel Members’ Experiences within a Forensic Service.

Tyler Asadi, Higher Assistant Psychologist, Dr Rachel Collinson, Highly Specialist Clinical Psychologist, Dr Emma Groves, Highly Specialist Clinical Psychologist & Dr Amy Hegarty, Senior Registrar in Forensic Psychiatry.

Aims  The research aims to understand the experiences of staff who volunteer to present their stories on the panel of a Schwartz Centre Round within a forensic service.  Background Schwartz Centre Rounds provide a structured forum for staff from all disciplines to meet and discuss difficult emotional and social challenges that arise in caring for patients. Research into the implementation of Schwartz Rounds has shown that staff who attend Schwartz Rounds report increased insight
into the emotional and social aspects of care; greater understanding of the roles of their colleagues; improved team working and decreased feelings of isolation and stress. Schwartz Centre Rounds were first started in United States with the premise that compassionate staff can make a difference to patient experience, but staff need to feel supported at work in order to be able to provide compassionate care towards patients. Schwartz Rounds provide a platform for staff to express difficult experiences and associated feelings and emotions. The rounds are meant to enable understand the challenges and rewards of caring for patients, and not for problem solving or to discuss clinical aspects of care. Method Three focus groups of three participants were facilitated. They were audio recorded and subsequently transcribed. Interpretive Phenomenological Analysis was utilised to analyse the transcripts. Results Four key themes were identified following analysis of focus group transcripts. These themes were: 1. Feeling vulnerable 2. The importance of validation 3. Exposure to intense emotional experiences 4. Improved understanding and connection Conclusion The themes identified have allowed us understand the importance of the experience for staff from forensic services participating in Schwartz Rounds. These themes reflect previous findings that staff report increased insight and understanding of colleagues’ roles. It is evident that the experiences are challenging with participants feeling vulnerable and experiencing intense emotions, however it is evident that the overall experience is that of a positive one.
Abstract Number: 21

**Prescription Medication with Potential for Dependence at Broadmoor High Secure Hospital: The extent of use and staff attitudes to this issue.**

_Laura Cherrington1, Michael Jewell1, Mary Davoren2. 1 Broadmoor High Secure Hospital, Crowthorne, Berkshire, UK. 2 Central Mental Hospital Dundrum, Dublin, Ireland._

Aims and hypothesis  To evaluate the use of medications with the potential for dependence in Broadmoor High Secure Hospital. We also aimed to establish staff attitudes to these medications.  

Background  Patients admitted to forensic hospital settings have high rates of substance misuse. While secure settings can limit the use of illicit drugs, the use of prescription medications with potential for misuse remains a challenging issue. Doctors have a duty to consider their role in potential misuse of these medications when prescribing in secure settings.  

Methods  A cross-sectional review of the medication kardexes for 190 in-patients in Broadmoor was completed. We noted prescriptions for opiates, pregabalin, gabapentin and nicotine replacement. Demographic data and data pertaining to diagnoses was also gathered. Simultaneously, a staff attitude survey was offered to all clinical staff in the hospital to assess attitudes towards these medications.  

Results  Fifteen (7.9%) patients in Broadmoor Hospital had one or more of the above medications on their prescription at the time of the review. 80% of those prescribed these medications had a history of substance misuse and 60% had illicit substance use as a noted factor in their index offence. Staff in Broadmoor felt it was important to discontinue these medications (80%) and over-estimated the proportion of patients prescribed these medications e.g. staff estimated 24% on opiates, true figure 4%. 85% of staff reported having experienced persistent demands for ongoing prescriptions, 72% verbal threats and 15% actual assaults on discontinuation of these medications.  

Conclusions  Prescription of medications with potential for dependence is an important issue in secure forensic hospital settings. Although prescribing rates were found to be low, the use of these medications remains a concern. Staff overestimates of the use of these medications likely reflects the significant impact they experienced when attempting to reduce the use of these substances.

Aims This study aims to evaluate the pilot introduction of a new method of drug testing across three distinct security levels. It utilises oral fluid and covers many more drug types (both prescribed and non-prescribed) than traditional methods of drug testing routinely employed within forensic services. Background The abuse of illicit substances is extremely common amongst forensic psychiatry populations and is recognised as one of the most potent risk factors for interpersonal violence. New Psychoactive Substances (NPS) have been a matter of growing concern in recent years, with known impacts on mental health, treatment, levels of violence and staffing resources. Some NPS have been associated with drug-related deaths. Many of these drugs are not identifiable using conventional drug screening methods. Methods Small multidisciplinary working groups were established in the high secure and regional forensic services. Staff were trained in both locations and a database kept of results and related information. The panel of 50 drugs incorporated a wide range of prescribed and illicit substances including NPS, gabapentinoids and five prescribed psychotropics (mirtazapine, sertraline, duloxetine, quetiapine and olanzapine). Results Within high security 41 tests were taken over a 4 month period, 11 of which were positive for prescribed medication. There were no positives for non-prescribed substances. The available reporting period in the low secure/community service was, at the time of writing, limited to one month. Eighteen tests were taken within the low secure inpatient service. There were 9 positive tests on 6 individual patients. All positive tests were for prescribed medication. So far within the community service there were a total of 7 tests taken on 7 individuals. Three positive tests resulted. These identified prescribed mirtazapine and methadone as well as illicit pregabalin, cocaine and etizolam, a novel benzodiazepine. We found that on a small number of occasions known use of prescribed medication did not result in a positive result due to the shorter window of detection of substances in oral fluid than urine. Conclusion Initial impressions of this continuing study are that this form of testing will have a
role in forensic services, likely to complement existing drug testing methods. There may be additional benefits to this form of testing through the identification of non-compliance with prescribed medications included within the testing panel. However, care needs to be taken in interpreting results, keeping in mind the shorter window of detection of substances in oral fluid as compared with urine.

Abstract Number: 23

**Clinical Audit of Prescribing Valproate in women of childbearing potential in forensic services.**

*Dr Lois Carey, Consultant Forensic Psychiatrist, Dr Amy Hegarty, Senior Registrar in Forensic Psychiatry and Fiona Inns, Senior Clinical Pharmacist.*

**Aims**  
The purpose of the audit was to assess compliance with recommendations for all women of child-bearing potential who are prescribed Valproate, regardless of the indication.  

**Background**  
The National Institute for Clinical Excellence (NICE Guidance CG185) and Medicines and Healthcare products Regulatory Agency (MHRA) advise that valproate must not be used in women and girls of child-bearing potential unless other treatments are ineffective or not tolerated. If valproate is required, there should be documented evidence that the woman is aware of the need to use adequate contraception and has been informed of the risks to the unborn baby. A previous audit from the Prescribing Observatory for Mental Health (POMH-UK) has focussed on a diagnosis of bipolar disorder. This audit does not require a diagnosis of bipolar disorder.

**Methods**  
The audit was conducted on female patients and prisoners who were under the care of Tees, Esk and Wear Valleys NHS Foundation Trust and were prescribed Valproate. The audit is a retrospective cohort study. 14 in-patients at Ridgeway, Roseberry Park Hospital and 10 prisoners at HMP Low Newton, Durham were identified as being prescribed Valproate. All electronic healthcare records (Paris & SystemOne) were analysed between the dates 01/08/2017 to 31/07/2018. One data collection tool was completed for each patient. Data collection took place in Feb-April 2019.

5 keys areas were assessed requiring documentation in patient records. These included:
1. Information regarding contraception and risk in pregnancy.  
2. Required physical assessments prior to treatment.  
3. Provision of written information  
4. Regular review of medication  
5. Annual physical reviews.  

Results show that documentation of the key requirements for prescribing valproate is a current problem. The documentation of physical parameters is better as this is likely due to clear locations on the electronic note systems for data entry and regular physical assessments taking place regardless of medication prescribed.

Conclusion  
There is no standard location for discussions with patients regarding medication to be documented within electronic notes. Since the audit was completed, the MHRA has issued advice which states that all females of childbearing potential who are prescribed Valproate must have a ‘Pregnancy Prevention Programme’ (PPP) in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant. There must also be included the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually.

Abstract Number: 24

**Readability of Statutory Letters Issued By Forensic Services in NHS Scotland**

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*Bennett, Daniel; University of Aberdeen, Psychiatry; NHS Grampian, Forensic Psychiatry*

Communication with patients goes beyond verbal communication in clinics and includes written information to patients. Patients who require detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995 in Forensic Services NHS Scotland are usually issued with statutory letters that contain information about their detention. To ensure that letters are readable by patients, templates of such letters were obtained from all health boards in Scotland and analysed using readability indices. Response rate across health boards was 92% (12/13). The results were compared according to readability threshold, types of letters, legal orders and health boards. 11.9% to 57.6% of issued letters were found not to be readable. It was also found that there were
significant differences of readability across health boards. The study modified the original template of letters and post-modification readability significantly improved. It may be helpful for the patient if NHS Scotland issued such letters with improved readability or have a standard template.

Abstract Number: 25

**Improving Service User Autonomy at Guild Lodge Low & Medium Secure Services Using the Care Programme Approach**

*Dr Alex Till  Dr Lucy Bacon*

**Aims and Hypothesis**   To identify improvements for the level of patient involvement in the Care Programme Approach (CPA) within Guild Lodge, a medium and low secure mental health service provided by Lancashire Care NHS Foundation Trust.   **Background**   All patients within secure care should be managed under the CPA. It is a formal requirement ensuring that all professionals communicate, agree and understand each other’s involvement. Patient involvement, and their ability to influence the outcome of their CPA meetings, is fundamental to a recovery orientated approach. It is also essential in providing one of the four basic prima facie principles of medical ethics; respecting a patient’s autonomy.   **Methods**   Stratified sampling of patients across all wards (n=13) and all consultants (n=13) was conducted. Using a mixed methods approach, quantitative data was collected and audited against standards derived from the CPA policy for secure services and qualitative data was collected from the Senior Leadership Team (SLT), Medical Advisory Group (MAG), advocacy and patient interviews.   **Results**   Data was analysed for 14 patients. Across all domains, standards were poorly met for requirements preceding the CPA review. 6 patients attended part of their CPA review, 4 patients attended the duration. Patients (n=10) self-rated an average of 6.4/10 (+/-2.9) for their level of involvement in the CPA process; 60% wanted a more active role. MAG felt the length of CPA reviews and lack of patient information inhibited patient involvement. SLT felt guidance for their named nurse could be improved.   **Conclusions**   Patients should be partners in their own care through shared decision making. CPA reviews are an ideal vehicle
to achieve this with 60% of patients wanting more active involvement. Practically, and culturally, this remains a challenge for healthcare professionals. Improvements have been recommended that will be monitored through quality improvement methodology and presented in further detail.

Abstract Number: 26

**Retrospective Review of Weight and Metabolic Change in Patients Admitted to the Central Mental Hospital**

*Dr Molly Bredin, Dr Julia O’Leary, Dr Ajinkya Mehta, Dr Ronan Mullaney*

Aims and hypothesis  The aim of the study was to collect data on the weight and metabolic change of patients who were admitted to the Central Mental Hospital (CMH) in 2017/2018 in order to confirm the hypothesis that weight gain in this population is a significant issue and to add to the discussion of how obesity and metabolic syndrome might be prevented or treated.  

Background  The Central Mental Hospital in Dublin is the only centre in Ireland that provides acute, medium and longer term inpatient care as part of the National Forensic Mental Health Service. Psychiatric patients are at increased risk of obesity, impaired glucose tolerance, diabetes, hypertension, hypercholesterolemia and metabolic syndrome. Psychiatric patients have a shorter life expectancy, in part due to the complications of metabolic syndrome.  

Methods  This study was a retrospective observational review of all patients admitted to the Central Mental Hospital in 2017 and 2018 (fifty one patients). Patients’ electronic primary care notes and psychiatric notes were reviewed. Patients’ weight and BMI at admission, six months and at the most recent check were recorded along with other relevant measures such as lipid profile and HbA1c. Simple demographic information was also recorded along with diagnosis and current medication, both psychiatric medication and medications to lower lipids or blood glucose.  

Results  77% of patients reviewed had gained weight. Of those that lost weight, 60% remained overweight or obese. 42% of patients admitted in 2017/2018 were obese when last recorded. The proportion of patients at a healthy weight fell from 49% at admission to 30% when last recorded. Mean increase in weight in the first six months was 8.2 kg (a mean BMI increase of
2.7 kg/m²). The proportion of patients who were obese doubled from 19% to 43%. Mean weight increase since admission was 10kg (mean increase in BMI of 3.3 Kg/m²). 46% of patients had raised HDL and triglycerides when last tested, compared to 43% and 33% respectively, on admission. Of the obese population, 14.3% of those on admission met criteria for metabolic syndrome and this increased to 26% when last repeated. Conclusions Patients admitted to the Central Mental Hospital are at risk of significant weight gain and metabolic change, often within the first six months of their admission. Further research is warranted into factors which may predict patients at particular risk of developing obesity and metabolic syndrome. Further research is ongoing into those admitted to CMH in 2014-2016.

Abstract Number: 27

**Cells assessments in Edinburgh: Who, why and what happened?**

*Rachael Sibbett  Leah Jones  Neena Dhillon  Amy Martin  Fionnbar Lenihan*

Aims and Hypothesis Measure the frequency, nature and outcome of psychiatric referrals from a local police station. Background The Orchard Clinic, a medium secure hospital in Edinburgh, provides psychiatric input to the local police cells at St Leonards Police Station. Custody nursing staff telephone their referrals into the clinic. Thereafter, a junior doctor visits the cells to assess the patient with supervision from consultant colleagues. The frequency and nature of referrals has historically been variable and until now, not collated. It was observed that the type and outcome of referrals received recently differed significantly from anecdotal descriptions of a "stereotypical" cells referral (a young suicidal male with problematic substance misuse) with a recent increase in unwell patients requiring transfer to hospital. Method Referral data from a 5 month period (February-June 2019) was analysed. Results There were 20 referrals with an average age of 39 and ratio of 15 males:5 females. The most prevalent offence was breach of the peace(8), followed by violent offences (7). Referring nurses were concerned about underlying psychotic illnesses in 10 cases and about suicide risk in 5 cases. There was a spread of diagnoses with individuals suffering from schizophrenia, bipolar affective disorder, substance misuse amongst others. In only 2 referrals was no
ICD-10 diagnosis made. Of the 20 referrals, 9 were discharged back to court and 11 were admitted to hospital. Of these 11, 5 were transferred informally and 6 required detention under the mental health act, either civil or criminal. Conclusion In this 5 month review period, the custody nurses have been successful at deciphering which individuals require psychiatric assessment as evidenced by the high proportion of referrals requiring transfer to hospital. This data illustrates that there is no “stereotypical” cells referral as these individuals presented with a broad spread across demographics, offences and diagnoses.

Abstract Number: 28

Is Clozapine effective in the treatment of Emotionally Unstable Personality Disorder?

Dr Siddiq Sandhu  Dr Andrew Drury

Aims and hypothesis; Evaluate the preliminary evidence for the effectiveness of Clozapine in treating the psychopathology associated with Emotionally Unstable Personality Disorder (EUPD), particularly: emotional dysregulation; impulsivity; and deliberate self-harm. Background; Whilst many patients with EUPD are prescribed psychotropic medications, there is limited evidence for their use, and no validated guidelines. Many clinicians use these medications to target challenging symptoms, such as: affective instability; cognitive disturbance; and impulsive, self-injurious behaviours. Clozapine is one such medication that has been proposed to be useful in the treatment of EUPD, and is widely used in clinical practice. We systematically reviewed the literature to determine the effectiveness of Clozapine in patients with EUPD. Method; We comprehensively searched the following health science databases: PubMed; EMBASE; CINAHL; PsycINFO; Web of Science; Cochrane Library; and Google Scholar. Case studies, case series and any case reports on adult patients with EUPD were included. All reports with adolescents were excluded. Results; The initial search revealed that there were no randomised control trials evaluating the effectiveness of Clozapine in treating EUPD. 16 articles were found, consisting of: several case reports; case series; and open trials; all of which indicated an effectiveness for Clozapine in the treatment of
EUPD. Conclusions; Clozapine may be effective in the treatment of EUPD, particularly in the reduction of: aggression; impulsivity; self-mutilating and self-harm behaviours. This medication may therefore have a place in the treatment of EUPD, particularly in stabilizing patients in preparation for psychological therapy. It would therefore be appropriate to conduct large-scale randomized control trials, which may ultimately direct the formation of guidelines for the use of Clozapine in the treatment of EUPD.

Abstract Number: 29

Psychiatric Aspects of Sex Offender Treatment and Support: Exploring the attitudes of forensic psychiatrists with regard to the role of medical practitioners in work with alleged and convicted sex offenders

Shuting Guan  Andrew Shepherd

Aims  This study aimed to explore the experiences of forensic psychiatrists with respect to the treatment and support of sex offenders.  Hypothesis  The study sought to generate theory in relation to the facilitators and barriers in this area of work.  Background  Sex offenders are one of the most complex groups of offenders that a psychiatrist can work with. Yet, there are few studies discussing the nature of this work. Psychiatrists are often the responsible clinician for the sex offenders and therefore hold more legal responsibility within the team. Hence, it is important to understand their views on sex offenders.  Methods  A qualitative methodological approach was adopted. Eight participants were recruited, comprising consultants and higher trainees in forensic psychiatry. The interviews were conducted by the researcher via telephone in a semi-structured manner. Recordings were transcribed and studied using an adapted thematic analysis approach.  Results  The following overarching themes were identified: Emotions; Support for forensic psychiatrists; Support for the sex offenders; Financial issues and working within a multidisciplinary team (MDT). This study highlighted various areas that influenced psychiatrists' perceptions of sex offenders' treatment and support, as well as the support that they too felt they needed when engaging in this complex work. This support can come from various individuals during difficult times. This support is
particularly important as members of the MDT can face many difficulties such as tension and disagreement which would require more studies to promote a healthy work environment and to reduce emotional labour. Conclusion Research should also be conducted to explore different methods to reduce emotional toll and prevent staff burnout. This is especially true for emotionally demanding environments, such as prison and psychiatric hospitals. These results may also help to inform future commissioning decisions with respect to therapeutic care provision in the management of such offenders. This study had no financial sponsorship.

Abstract Number: 30

Developing and providing training and support of the legal process for Core Trainees following the suicide of a patient

Dr Delia Annear, CT3, Avon and Wiltshire Partnership Dr Seona Duroux, ST5, Avon and Wiltshire Partnership Alice O'Donoghue, Solicitor, Bevan Brittan

Background: Whilst not often discussed, the tragedy of a patient’s suicide can have a significant and lasting effect on the clinicians involved in their care. It has a profound impact on clinician’s professional confidence, mental wellbeing and personal lives, often exacerbated by lack of support, knowledge and subsequent negative experiences of internal and external investigations. Statistics show that over the last two decades, more deaths are reported to the coroner and more inquiries opened, making it more likely that psychiatrists will find themselves in Court. It is not uncommon to be involved in the lengthy process leading to an inquest with little preparing us for the experience. Despite an excellent educational program for core trainees in Severn deanery, this topic is notable in its absence.

Aims: To design and implement a training program that clarifies the processes following the unexpected death of the patient, including the RCA (root cause analysis) process, witness statements and attending a coroner’s inquest. This aims to clarify and improve support available on both a practical and emotional level for trainees with the suicide of a patient.

Method: Organised a focus group of core trainee (CT) psychiatrists who had experienced an adverse event and asked them
what they would have liked to know. We used this information to develop a day’s training program. We piloted this at an education event run for senior trainees, inviting higher core trainees. We carried out a pre-course analysis to assess knowledge and then a post course analysis. Using this information, we finalised a training program to be included in the CT training program. Results: A dedicated training event exploring the legal processes that follow an adverse event; the impact and experiences of peers; and skills based workshops, has proved highly successful in preparing clinicians for challenges they may face in the future.

Abstract Number: 31

A re-audit of interventions to manage weight gain in young people within adolescent secure inpatient units

David Johnson  Dr Lorna Almond  Dr Nick Tarrant  Dr Shay-Anne Pantall  Dr Daniel Jackson  Dr John O’Brien

Aims and Hypothesis  To re-evaluate weight change in adolescent inpatients in low and medium secure units and to establish whether they are given appropriate lifestyle advice. Background  Patients admitted within secure services have been shown to be at risk of weight gain during admission. The Lester Positive Cardiometabolic Resource recommends patients on antipsychotics receive lifestyle advice, encompassing diet and physical activity if their BMI is ≥25 kg/m² or if they gain >5kg over a three month period. Evaluation at Ardenleigh Forensic medium secure unit from 2012-15 initially demonstrated that inpatients here are at risk of weight gain. We present the findings of a re-evaluation in 2017-18. Methods  A retrospective review of electronic patient physical health records, for current FCAMHS inpatients and those discharged between 01/07/2017 and 31/12/18. Results  At most recent measurement, 12 patients (55%) had a BMI above 25 compared with only 7 (32%) on admission, similar to the previous audit (32% on admission, 54% at final measurement). Almost a third (32%) of patients moved up a category of BMI to overweight, or from overweight to obese. Mean weight increased from 70.3kg on admission to 80.6kg at most recent measurement in medium secure patients. BMI increased by an average of 2.9. There was no
significant change in low secure services. 86% patients should have received lifestyle advice based on the Lester tool criteria. However, of these, only 68% received dietary advice and only one third (37%) were referred to a dietician. Conclusions Forensic CAMHS inpatient populations are at risk of being overweight and of further weight gain during admission, with approximately a third of our patients increasing their BMI to within the overweight or obese range. However, clinical teams have shown reduced compliance with guidelines with fewer documented interventions noted.

Abstract Number: 32

**Analysis of Offender Personality Disorder cases not accepted into any Pathway Services**

*Celia Taylor  Mark Freestone  Jake Shaw  Georgina Mathlin*

Since the Offender Personality Disorder (OPD) strategy was introduced, probation and NHS staff have worked together to identify high-risk personality-disordered offenders (PDOs), and develop a case formulation that can inform sentence planning. Opportunities for treatment and progression are then offered by NHS high and medium secure services, prison-based therapeutic communities and Psychologically Informed Planned Environments. A considerable proportion of screened-in cases has been referred to a specialist service, and/or has made a successful progressive move. However, there is growing awareness of some individuals that no relevant service will accept. Anecdotally, this could be linked to the nature and/or degree of risk, high profile status, and/or perceptions of “untreatability”. The characteristics of this group are unknown, making it difficult to identify their needs and associated obstacles to progression. Using criminal justice records from nDelius and OASys, we recruited a purposive sample of 50 screened-in PDOs, for whom no clear pathway can be established, and a comparative sample of 100 individuals from the broader National Probation Service caseload. From these records, we collected demographic, offending and clinical characteristics, behaviour during sentence, previous treatment and reasons for referrals being declined. We used path analysis (PLS-SEM) to test a theoretically-
driven causal model for “stuckness”, using measurable data to model relationships between causal, latent constructs such as ‘risk profile’, ‘psychopathology’ and ‘behaviour in custody’. The results suggest that experience of previous treatment and negative attitudes to it was the most influential factor amongst several, in determining ‘stuckness’ within the Pathway. Perhaps surprisingly, reconviction risk in its own right was not significantly related to offenders with personality disorder becoming stuck, suggesting that a focus on hopes for change and a vision for the future should take precedence over risk screening when considering suitability for Pathway services.

Abstract Number: 33

Introduction of a pilot multi-disciplinary Reflective Practice Group for Iona 2 Ward, The State Hospital

Dr Graham Walker  Dr Adam Polnay

Aims and hypothesis  To gather and summarise staff feedback on the pilot reflective practice group within Iona 2 ward, which caters for forensic patients with a primary diagnosis of intellectual disability. Background  Working with patients with disturbed and troubled minds can be disturbing for treating clinicians. These dynamics are more intense when clinicians work long-term and closely with patients such as in forensic secure settings. Research suggests that well-functioning reflective practice groups for the multidisciplinary team are essential for the safe and sustainable running of forensic hospitals. Reflective practice groups have 2 functions for staff: general support to reduce stress and burnout, and increased understanding of interactions with other staff and patients leading to possible unhelpful transference reactions. Whilst being observed by a psychotherapist, who aims to facilitated dialogue, staff members are encouraged to discuss any challenging situations they have encountered at work. The group should be a non-judgemental scenario, where staff can express their views. Methods  A survey was sent out to participants in the group, asking staff members their profession and the number of groups they have attended. Staff were asked questions with free text answers, about what they felt worked well within the
groups and what could be improved. They subsequently filled in a 15 question Likert style questionnaire, to gauge their opinion on the reflective practice groups. Quantitative survey results were summarised into graphical format. General themes of free text comments were summarised. Results Overall, staff feedback on the Iona 2 multidisciplinary reflective practice groups was positive. Lack of staff availability was highlighted as one of the main reasons for non-attendance. The majority of staff members felt that the number of sessions provided was at the right frequency. Regarding the 15 question Likert style feedback, staff responses were very positive in regards to the group and the benefits it can provide. Regarding the free text responses to the questionnaire, there were a number of key themes summarised. Staff found groups a good opportunity for sharing and learning between the multidisciplinary team, fostering a shared relationship. They felt it was a safe and non-judgemental space for reflection, where more difficult issues could be discussed. It was highlighted that full staff participation was required for optimal results. Conclusions Due to the overall positive feedback on reflective practice groups within the State Hospital, we would encourage other health boards and the hospitals within them to offer a similar service to their multidisciplinary teams.

Abstract Number: 34

Part III Mental Health Order Steering Group- an MDT iniative

Dr C Kennedy  P Scullion  K Hasson

Aims and Hypothesis To improve understanding in mental health staff as to the management of Part III Mental Health Order (relating to patients subject to restriction orders and transfer direction order from prison) and Criminal Justice matters arising in a General Psychiatry setting. Background There were several issues arising in the local trust regarding management of patients who were transferred from prison and whose sentence ended whilst in hospital. There was confusion regarding their legal status and if they required detention under Part II of the NI Mental Health Order and what their rights were regarding appeal to Mental Health Review Tribunal. There was also a lack of confidence managing
fitness for interview requests from the police regarding patients who had assaulted staff on the ward. Method A multi professional steering group was established to increase understanding of Part III of the NI Mental Health Order (which contains criminal justice provisions). This group was made of medical staff, nursing staff and social workers with liaison with the Department of Legal Services and Department of Justice. Results Clarity was provided regarding management of patients whose prison sentence ended with staff being educated on Notional Hospital Orders (which come into effect for sentenced prisoners in hospital when their sentence ends.) There was also advice sought regarding completion of detention forms and MHRT rights. A pathway was developed by the Community Forensic Mental Health Team in consultation with inpatient, CRHTT and RAID services and with the police, outlining the interfaces between criminal justice agencies and mental health, ranging from presentations in A&E to management of patients transferred from police custody and prison. This will be displayed in acute inpatient wards and PICU for staff to consult. Teaching will be provided on Fitness for Interview for medical staff. Fact sheets on Public Protection Arrangements and Probation will be made available to staff. Conclusions This multiagency group has worked to improve the service provided to patients and develop staff understanding of criminal justice interfaces.

Abstract Number: 35

**Children in secure: A young person’s evaluation of an adolescent forensic community mental health service provided in two secure children’s homes**

*P. J. Kennedy, C. Nixon, A. Martin, T. Barron & V. Ladu*

Aims and hypothesis

This study reports on a service user evaluation of an adolescent forensic community mental health team in-reach service into two Local Authority Secure Children’s Homes (SCH’s) in the North East of England. The aim was to promote
service user involvement, feedback and opinion of young people (YP) accessing the service.

Background

Robust and effective adolescent forensic community mental health services are a vital component in assessing for/identifying of and meeting clinical need and providing developmentally sensitive pathways of care. Service user evaluation and collaboration in such service developments are vital in ensuring effective service delivery and pertinent provision is appropriately commissioned. It is fundamental that service users are engaged within an evaluative process.

Methods

An 11-item questionnaire was developed and administered to 75 detained YP in the two SCH’s, who had had clinical contact with the adolescent forensic community mental health team multi-disciplinary team (MDT) during their stay.

Results

Findings demonstrated a high level of service user endorsement and satisfaction across a number of indices whilst also suggesting specific refinements to practice.

Conclusions

The YP endorsed the service provision with high satisfaction outcomes. Improvements to service provision to enhance service users’ experience and the outcomes of this investigation were communicated to unit managers and Commissioners to aid in the formulation and development of future service delivery.
Aims and hypothesis

The aim of this evaluation was to measure the sleep and activity levels of young people (YP) within secure children's homes (SCH) to better understand their dynamic needs and to inform future care and interventions. It was hypothesised that sleep and activity levels within this sample population would be less than the recommended guidelines.

Background

Biological components such as sleep are an underlying drive for the development of children and young people. Being deprived of sleep has been found to lead to poor emotional regulation and this itself is a significant risk factor linked to increased engagement in violent, sexual behaviours and abusing drugs and alcohol. Technology now allows us to measure sleep and physical activity through accelerometers such as the Jawbone. Using these devices coincides with NICE guidelines for short term insomnia which advises good sleep hygiene.

Methods

Jawbone accelerometer devices were used to track the activity of YP with orders of at least 1 month’s duration within the SCH's. Sleep and activity data were subject to clinical and statistical analysis.

Results

Results demonstrated that the participants were achieving less than the National Sleep Foundation's recommended sleep during term time and only just achieving the minimum recommendation during school holidays. The average number of steps/activity recorded was significantly below the recommended frameworks.

Conclusions
Detained children within this sample demonstrated sub optimal sleep and activity levels. Implications for their health, well-being, care and treatment are discussed.

Abstract Number: 37

**Adolescent Sexual Attitudes and Behaviour in Secure Children's Homes**

*P J Kennedy, F Horsley, L Wilson Rogers, C Nixon, A Martin, D Sanderson, K Burgess, L Tweedlie, T J Barron & V Ladu*

**Aims and hypothesis**

The aim of this enquiry was to evaluate the sexual knowledge, attitudes and behaviours of young people (YP) who reside in Secure Children’s Homes (SCH) in order to update professional knowledge and to aid the training and development of staff who support YP.

**Background**

There is increasingly high proportion of young people placed in SCH’s due to significant welfare and criminogenic need, however no contemporary baseline of young people’s sexual attitudes and behaviour is available or adequately understood and professional working knowledge on that pragmatic is often therefore ill informed.

**Methods**

The Adolescent Sexual Attitude and Behaviour questionnaire (ASAB) was administered to 40 YP living in SCH in the North East of England as part of their routine assessment.

**Results**

The key findings demonstrated that the average age of YP reporting their first sexual experience was 13.53, notably lower than the UK average of 18.3 years old. In addition, 70% of YP reported having had sexual intercourse and 72.5% believed it was normal to have sex underage. YP also reported a high incidence of more experimental sexual acts, with 22.2% of those who were sexually active engaging in
group sex and 8% engaging in BDSM or role play. Whilst 85% of young people were confident in their knowledge of contraception and understanding of consent, only 45% reported that they practice safe sex. Perhaps more concerning, 35% of YP stated they did not know what grooming was and 28% reported they had met up with someone who they initially interacted with online. 52.5% of the sample reported they do not talk to anyone about sex, with the most common sources of sexual education being identified as school and pornography.

Conclusions

Available data identified that the majority of YP residing in two SCHs homes have had sexual experiences and that these sexual experiences tended to occur far earlier than the prior evidence would suggest. This highlights the need for heightened awareness in staff working with young people in these environments and to address and prioritise this topic in a tailored, meaningful format which promotes safeguarding for YP.

Abstract Number: 38

**OFF-LABEL USE OF BENZODIAZEPINES IN WEST LONDON NHS TRUST SECURE SERVICES**

*Dr Kazeem Owodunni, SpR Forensic Psychiatry*

*Dr Sharon Humphreys, Consultant Forensic Psychiatrist, Broadmoor Hospital.*

Aims and hypothesis

The audit aimed to record the proportion of patients in secure services on long term benzodiazepine use and prompt discussion on definition of short-term use. It also aimed to increase awareness of the Committee of Safety of Medicines guidelines. The audit also raises awareness that clonazepam does not have a product license for use as an anxiolytic.

Background
In September 2019, BBC announced that at the end of March 2018, half of a staggering amount of 1 in 4 people in England (~12 million people) have been prescribed strong painkillers, antidepressants and sleeping tablets, for at least 12 months.

The Committee on Safety of Medicines (CSM) guidelines on prescribing benzodiazepines advice that benzodiazepines are indicated for the short-term relief (two to four weeks only).

A retrospective audit carried out in 2006-7 at Broadmoor revealed that 118 patients out of 276 were prescribed benzodiazepines (42.7%). Out of 118, 68 patients (57.6%) were noted to be on benzodiazepines for more than 4 weeks.

Another audit was done at Broadmoor by Dr T Mehdi, Dr S McIver in July 2011 with a total number of 306 patients showed that 48 (87.2% of the 55 patients on regular benzodiazepine) on long-term benzodiazepines prescriptions.

A subsequent audit was done at Broadmoor by Dr G Sharma in November 2013 with a total of 247 patients in medium secure showed 28 (77.8% of the 36 patients on regular benzodiazepines) on long-term benzodiazepines prescriptions.

Methods

Data was collated from drug charts between 2018 and 2019. Broadmoor was done in January 2018 and St Bernard in January 2019.

Results

The 2018-2019 audit showed that out of 218 patients in Broadmoor, 26 (12%) patients were on long-term benzodiazepines. Out of 234 patients at St Bernard Medium Secure Services, 103 (44%) patients were on long-term benzodiazepines. This made a total of 129 patients (29%) in secure services on long-term benzodiazepines.

The results showed that more patients on long term diazepam prescriptions in Broadmoor. St Bernard's had significantly more regular long-term clonazepam prescriptions. St Bernard's also had more prn benzodiazepine use. 48 long term lorazepam prescriptions were identified, excluding 33 prescriptions but not used.

Conclusions
Long-term benzodiazepine use should be avoided due to dependence, tolerance, potential withdrawal symptoms and encouragement of drug seeking behaviours. However, the above data was collated from drug charts, shows significant off label use of benzodiazepines and deviation from CSM guidelines.

Abstract Number: 39

Dungeons, Dragons, and Forensic Psychiatry: Improving Induction for New Trainees Through Text-Based Adventure Games

Dr Chris O'Shea  Dr Fionnbar Lenihan  Dr Stuart Semple

Aims and Hypothesis  Our aim was to improve the induction experience in our medium secure unit through creating text-based adventure games, informed by feedback from core trainees and registrars previously placed in our unit. We believe the creation of these resources will demystify forensic scenarios trainees will encounter, and improve their induction experience. Background  It is essential trainees' induction programmes furnish them with an understanding of their role, and resources to allow them to perform their duties. This is especially pertinent for core trainees and registrars starting placements in forensic psychiatry. These doctors are commonly placed in novel situations they require a rapid understanding of. There is growing recognition of game-based learning within medical education. Interactive fiction (IF), also known as text-based adventure gaming, is a form of narrative literature that places the participant in an environment to interact with and influence. Through IF, one can create bespoke learning resources. We wished to understand which areas of forensic practice trainees found the most challenging, and create appropriate resources to support them. Methods  Over May to August 2019, we conducted semi-structured interviews with eight registrars and core trainees who had previously rotated through our medium secure unit. We asked specifically about areas of forensic practice they had found challenging at the start of their placement. The authors researched and trialled online IF software. We settled on Twine, a free and open...
access IF resource which allows one to create text and hyperlink-based games. No coding experience is required to create simple games with Twine. Results Trainees consistently identified two challenging areas of practice when starting their rotations: assessment of persons in police custody, and understanding the criminal orders under the Criminal Procedure (Scotland) Act. With this in mind, the authors built two IF games. The first is an interactive game based around common scenarios one encounters within a custody setting. In the second game we created fictional inpatients to allow one to navigate through their ‘journeys’ through the criminal justice process to learn about the relevant criminal orders available. Conclusions Through using IF, we have developed high quality learning resources at minimal cost to target specific learning needs in our service. We will offer these resources to our incoming trainees in February 2020. If accepted for presentation, we will showcase our IF together with feedback from trainees who have used it. (We have no sources of financial sponsorship or other declarations).
Abstract Number: 40

**Private visits in prisons: a systematic review and service evaluation**

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Background: Article 8 of the European Convention on Human Rights specifies that everyone has the right to respect for private and family life. Imprisonment potentially interferes with this. In the UK, no private in-prison visits from family/friends is allowed. How do other European countries deal with this? It has been argued that conjugal visits may reduce the stress between marital partners, help maintain the nuclear family and reduce disciplinary problems in prison. To what extent is there evidence of this?

Aims: To find out the nature and extent of data on benefits and disadvantages of private, including conjugal, visits in prisons and the extent to which mainland European countries allow such visits.

Methods: A systematic literature review on private/conjugal visits in prisons and a survey of forensic psychiatrists or prison medical staff in all European Union countries, Norway and Switzerland. They complete a brief paper questionnaire for understanding context where no such visits are allowed and an interview, conducted by phone or Skype, to establish context and details of arrangements and developments in those countries where visits are allowed.

Results: Seventy-four papers describing such visits have been identified through the systematic literature search, but the number with outcome data is much smaller. An appropriately informed practitioner has been identified in most European countries. Preliminary data will be reported on where and where not private visiting is allowed, with specific examples of arrangements where private or conjugal visiting is allowed.
Conclusions: Although some countries have chosen to allow private visits in prisons, most have not. In Europe, Human Rights law seems more important than evidence in underpinning practice, although the prisoners’ rights here not invariably upheld. More research is needed, taking particular account of the fact that the prisoner is not the only member of a family affected by the imprisonment.

Abstract Number: 41

**Systematic Review of Outcomes of Community Health Treatment Requirements (CHTRs) for offenders with mental disorder**

Authors: Jody Audley1, Alexandra Vladu1, Natasha Kalebic2, Mignon French3, Pamela J Taylor2

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Background: High rates of mental disorder among prisoners, with increasing rates of their suicide, self-harm and harm to others in England and Wales, has brought new urgency to considering use of Criminal Justice System (CJS) use of community sentences with treatment requirements. Government sponsored test-bed sites are increasing their use. What evidence is there of effectiveness and safety? They differ in important ways from community treatment orders under mental health legislation in requiring capacity and consent on the part of the offender-patient. There has been no systematic review of worldwide research into such orders this millennium.

Aim: To conduct a systematic review of internationally published literature on outcomes of community treatment orders or requirements after conviction for a criminal offence, to which order the recipient has given explicit consent.

Methods: Six databases were searched from inception to December 2019 to identify peer reviewed, databased papers on effectiveness of CHTRs. For inclusion, such orders must have been made in a criminal court with the offenders’ consent. Paper
selection and data extraction, according to a purpose designed checklist, were done by two of us blind to each other’s ratings and narrative analysis completed.

Results: First level selection yielded 237 papers. From the finally selected papers we will provide a descriptive summary of country of research, range of research methods, mental disorder and offender subtypes included in such sentencing and whether or not a specialist mental health court was involved. Outcomes of post-requirement treatment adherence, hospitalisation and reoffending will be presented.

Conclusions: Controversies about community treatment orders relate mainly to fully coerced orders under mental health legislation. Research into community health treatment requirements after a criminal offence is mainly descriptive, but includes substantial sample sizes in some countries, holding promise for reducing distress, ill health and further offending among appropriately selected consenting individuals.

Abstract Number: 42

Is Remorse Important? A multi-disciplinary focus group study in a medium secure unit

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Background

The issue of remorse is frequently raised in forensic psychiatry. In clinical practice, remorse frequently forms part of clinical and risk assessment, and it is often considered in Parole Board hearings, First Tier Tribunal hearings, and in the
Courtroom. The Sentencing Guidelines Council lists remorse as an important mitigating factor.

However, clinicians have no formal guidance on how to assess remorse, or in which circumstances, or why. The Oxford English Handbook defines remorse simply as a “deep regret or guilt for a wrong committed”, but the literature suggests remorse is a complex concept, and there are varying definitions of remorse, ranging from ancient religious and moral perspectives, to modern philosophical and psychological perspectives.

Clinically, the assessment of remorse as a distinct phenomenon is not a formally defined task and there is no scientific or structured approach. In a clinical setting, probably the most common circumstance in which remorse is formally assessed is as part of a structured assessment of psychopathic personality disorder. “Lack of Remorse or Empathy” features as an individual item on the Psychopathy Checklist - Revised (PCL-R). However in forensic settings, remorse is also asked about in myriad circumstances, such as when assessing a patient’s risk, yet there is no evidence demonstrating a direct link between remorse as a distinct phenomenon and recidivism. On the contrary, research has demonstrated that shame, one of the emotions that forms part of the complex concept of remorse, is actually linked to loss of self-respect, social withdrawal, anger, aggression, and higher rates of recidivism. This raises the question as to whether it is appropriate to consider remorse at all.

Aim

The aim of this study was to ascertain the views of mental health professionals as to what extent it is important to assess and consider remorse in patients detained in a medium secure unit

Study Design

This was a focus group study involving multi-disciplinary professionals working in a medium secure unit. Three 60-minute focus groups, each made up of five participants were conducted. The facilitators started the discussion with general questions about the participants’ understanding of remorse and to what extent they believed it was important in clinical practice. The participants were then given two case vignettes that would typically be encountered in a medium secure unit
and they were asked to comment on to what extent they would assess and take into account the patient’s remorse in clinical practice. The researchers then coded transcripts of the focus groups and performed thematic analysis to draw out common themes in the discussions.

Abstract Number: 43

Audit: The Transfer of Patients from an Medium Secure Unit to an Acute Hospital and the Burden on Services

Dr Zara Benjamin-Laing, FY2 Birmingham and Solihull Mental Health Foundation Trust  Dr Steven Hemblade, ST5 Forensic Psychiatry Birmingham and Solihull Mental Health Foundation Trust  Dr Ruth Scally, Consultant Forensic Psychiatrist Birmingham and Solihull Mental Health Foundation Trust  Medical Student, University of Birmingham (TBC)

Aims   To look at the number of admissions to an Acute General Hospital within a year period of patients from a Medium Secure Unit (MSU)  

Background Admissions to acute medical hospitals can be labour intensive and a period of high risk for some patients admitted to secure inpatient services. This audit was to see whether Ardenleigh Hospital, Birmingham and Solihul Mental Health Foundation Trust was meeting standards set out in a number of trust policies, but also to determine the degree of resources utilized in order to transfer patients to and from hospital. This will hopefully highlight some potential interventions that could ultimately reduce the need for transfer to hospital and the potential to reduce costs for the service.

Methods Medical notes (RiO) for inpatients between 1st March 2018 and 28 February 2019 were reviewed by two auditors, comparing the data to standards set out in a number of trust policies. Data was collected in a spreadsheet and analyzed by the auditing team.

Results Of the 70 inpatients admitted at Ardenleigh Hospital, there were 130 transfers to acute medical hospitals within a year. 52% of admissions were for acute medical problems such as deliberate self-harm and wound assessments. The remaining were for routine appointments. 98% of emergency transfers were via ambulance with the remaining transfers for emergencies by taxi or the hospital’s private transport. 94% of admissions included
a mental health professional escort(s). 65% of admissions accompanied by mental health escorts had staff employed by the NHS; 5% were employed by private institutions and 18% required both NHS and private escorts. Conclusions Results showed that an admission to an acute general hospital occurred more frequently than once a week from Ardenleigh Hospital. These require significant numbers of staff, which ultimately can result in stretching the workforce even further. This has prompted discussion about the use of telecommunication as an alternative to transferring to hospital. Further financial studies could support projects looking to reduce both the transfers to hospital and the need to utilize additional agency/external staff either for escorting purposes, or to fill the gaps left by regular staff attending the escort.

Abstract Number: 44

**Thematic Review: Deaths of patients with psychosis**

*Dr Andrew Porter ST6*  *Dr Antonia MacCuish ST6*  *Supervised by Dr Panchu Xavier*  
**Consultant Forensic Psychiatrist**

Aims and hypothesis, This review analyses the data from a sample patients with psychosis using Mersey Care NHS Foundation Trust services who died between April 2018 to October 2018 (6 month period) to discover emergent themes and suggest areas for development and improvement in our provision of commissioned services. Background This review was commissioned through the trust Mortality Review Group. People with psychosis form a significant proportion of the people receiving services and the group wanted to understand better the experience of service users. Methods A sample list was derived from a list of patient deaths between April and October 2018. This list was reviewed and a sample of 20 patients were derived from the initial list of 26. The electronic patient records of these patients were reviewed during the time they were under the care of local services. An audit tool was derived to record relevant factors which may have been of interest and potentially contributory to their death. Results Paranoid schizophrenia was the most common diagnosis with 12 patients, followed by 4 schizo-affective patients, 3 bipolar affective disorder patients and one with
delusional disorder. 17 patients were under community services, 2 of which were also under substance misuse services, and one who was under liaison services. 3 patients were under inpatient services at the time of their death. Inpatients were more likely to have structured approaches to review documents, with mental state, risk and review plans clearly documented. Recording physical health investigations and substance use were noted as areas which was not routinely undertaken. Four patients were prescribed antipsychotics above BNF limits, and there was no documentation that the rationale for this treatment decision was recorded in the notes, nor the patient appropriately counselled. Seven patients were prescribed multiple antipsychotics. Similarly, rationale for this treatment decision and evidence of patient counselling was not noted in most cases.

Conclusions
The results have been presented locally, with feedback received on potential recommendations around recording of information and communication.

- Measures to aid/improve recording and sharing of appropriate information
- Physical health investigations
- Mental state reviews
- Issues around medication
- Review plans/dates
- Review staff training to aid improve recording of information
- Use of structured tools/proformas to ensure key areas addressed
- Improving medication counselling
- Staff training regarding key issues to address when commencing/changing medication
- Reviewing resources available to patients/carers to appropriately inform

Abstract Number: 45

AN AUDIT OF THE FACTORS AFFECTING LENGTH OF STAY OF MALE PATIENTS AT GUILD LODGE MEDIUM SECURE FORENSIC PSYCHIATRIC UNIT

Evelyn Aluko  Dr Swaroop Matt

Aims and Hypothesis: This audit will examine the Guild Lodge medium secure units to identify the presence of modifiable factors leading to increased length of admission, with a view to improve these factors in order to potentially reduce length of stay in these units. The modifiable factors considered in this audit have been identified by extensive literature review and will be looked for in male
patients whose length of stay currently exceeds 18 months. Background: Medium secure units were designed for a length of stay between 18-24 months to care for patients who pose a serious risk to the public. However, length of stay often far exceeds this time period, and there are several factors that influence this. Auditing the modifiable factors, and ensuring the standard is met, may have the capacity to reduce the length of stay of patients in medium secure units. This is of economic benefit due to the high cost, low volume nature of the forensic services, but more importantly it is of huge benefit to the patient to safely accelerate their route towards lower security services or discharge to the community. Method: Following extensive literature review, four criteria were set out for the audit with a standard of 100% set for each. The criteria were as follows: patients should have a clear diagnosis of mental disorder with any comorbidities, patients should engage with psychological therapies, patients should engage with occupational therapy, and patients should be taking clozapine if deemed treatment resistant. The electronic systems ‘Rio’ and ‘Windip’ were used to determine the extent to which these criteria were being met. Results: Compliance for clear diagnosis, engagement with psychological and occupational therapies and treatment with clozapine was 78%, 44%, 67% and 60% respectively. Conclusion: The findings suggest room for improvement in the modifiable factors affecting length of stay, which if bettered, could lead to progress in their pathway towards lesser secure wards. This is not only beneficial for the patient but has financial implications as well. A series of recommendations were suggested in order to facilitate the improvements required, and a re-audit can be performed in 12 months to assess for increased compliance.

Abstract Number: 46

**Female Forensic Pathways: Time’s Up!**

*Dr. Ipsita Ray  Dr. Sumeeta Chatterjee  Dr. Graham Glancy  Dr. Smita Tyagi  Suraya Faziluddin*

Females comprise approximately 15% of the Not Criminally Responsible on Account of Mental Disorder (NGRI) population in Canada. The literature identifies
appreciable differences between female and male forensic populations in regard to their histories, prevalence of certain disorders, rates of trauma and victimization, and relational elements. For example, compared to males, the forensic female population has higher rates of mood and personality disorders, greater frequency of offences against offspring and partners, and are less likely to have been entrenched in a criminal lifestyle or have criminal histories predating their index offences. They have higher rates of relational issues (including caregiving of offspring), trauma, and working in the sex trade/exploitation by others. Further, many risk assessment tools have not been developed or validated on a forensic female population. In spite of these differences, care provided to forensic female populations is often based on models developed for forensic male populations. The literature articulates a need for a clear model of care for forensic female populations that incorporates individualized risk assessment, staff training with a focus on trauma-informed care, a milieu that addresses relationship and rehabilitative needs, single gender units, and family engagement. The Forensic Women’s Initiative at the Centre for Addiction and Mental Health was developed in response to the need for gender-specific, gender-responsive assessment and rehabilitation for our patients. Key ingredients of this initiative include: individualized and fulsome risk/needs assessments; staff training in trauma-informed dialectical behavioural therapy and motivational interviewing; on-unit modular programming, targeting relational skills, distress tolerance, parenting, health and wellness, substance use, and impact of trauma; individual therapy; family engagement strategies; and women’s-only groups for existing forensic programming.

Abstract Number: 47

**Treating mental health disorders in patients with significant bleeding disorder**

*Dr L. Ramachandran  Dr R. Sarin  Dr V. Cowell*

Narrative reflection  A Patient currently on a low secure unit with a diagnosis of paranoid schizophrenia. He also has a bleeding disorder (von willibrands) which is
adequately treated. Due to his non-compliance of oral antipsychotic medication the ethical dilemma arose around striking a balance between treating his mental health whilst minimising the potential physical harm encountered as a result of regular intramuscular injection. This has presented as an open debate around the risk benefits analysis around managing patients effectively that are capable of consenting to treatment for a comorbid condition which could cause potential physical harm.

Abstract Number: 48

**Encouraging active patient involvement in risk assessment within a medium secure forensic unit**

*Dr Christopher Lawrence, Dr Hannah Gray, Dr Tom Barton*

**Aims and hypothesis:** The assessment and management of risk, particularly with regards to violence, has long been a significant focus of forensic services within the UK. Often the HCR-20 is used as the focus point of the risk assessment of patients within forensic environments, which is known to have good predictive ability for future offending and of violence within services; however, our focus is on the way in which assessments are completed. Professionals often complete assessments ‘behind closed doors’ and without the direct involvement of patients. As a team we aim to involve our patients directly in the competition of their HCR-20 assessments and in doing so hope to collaborative create a clear pathway for their own active management of risk.

**Background:** Previous arguments have suggested that being actively involved within discussions regarding risk assessment and the subsequent risk management plans can increase the individual’s sense of agency and hope, which subsequently may improve engagement with services and therapeutic interventions. However it is unclear how often patients are actively involved in these assessments. It has been postulated that fears about discussing risk due to the potential for negative consequences, such as further violence, may contribute to the reticence of professionals to do so. We feel that this is in stark contrast to the accepted approach to assessing and managing risk in regard to a patients' suicidal ideation.
and that there may well be value in discussing risk to others with this same approach. Method: Initially we surveyed the patients under the care of our team at Ravenswood House to ascertain if they knew what a HCR-20 was its purpose and if they had been involved in its completion. Subsequently a patient information leaflet, explaining in appropriate language the nature and purpose of the HCR-20 was created which is currently in the process of being disseminated to patients within the unit. Conclusion: We believe that by proactively involving patients in a collaborative risk assessment process that we will be able to help them to identify a constructive pathway by which they will be able to be active participants in reducing their own level of risk to others. We believe that the potential benefits are significant and have the potential to reduce the length of stay within secure units.

Abstract Number: 49

Searching for consistency - Reviewing how staff are recording physical health measurements within a medium secure forensic unit

Dr Christopher Lawrence (CT3), Dr Lisa Gardiner (Consultant Forensic Psychiatrist), Dr Johanna Andersson (CT3) and Dr Abigail Hood (CT2)

Aims and hypothesis: To review how physical health measurements are being recorded within a medium secure unit. My personal experience of attempting to review measurements of the patients on my own case load was that these measurements are often recorded very inconsistently and in various places both on the electronic records and on paper forms. Background: National targets for 2019-2020 focussed on how to assist and support our service users to maintain a healthy weight in secure services. At present the main focus is on how we increase physical activity, improve healthy dietary choices and reduce obesity in our in-patient population. In order to help our patients improve their own physical health, we must consistently record their measurements in order to accurately monitor their progress in these domains. Methods Data was collected from electronic records including physical health monitoring forms, nutrition forms and progress notes along with the most recent CPA report and also paper tools i.e. ‘Track & Trigger’, looking for records of weight, height, BMI & waist circumference.
random number generator was used to select a patient from each ward at Ravenswood House (Medium Secure Unit) for inclusion in the audit. Results On completing this audit it was apparent that no patients that were selected for auditing had records which met the standard set, in that no patient had weight, height, BMI and waist circumference clearly documented within their clinical notes within the last month. Conclusions This initial audit confirmed my suspicions that physical health measurements were not being documented in a consistent way within our medium secure unit. If we did not have a solid grasp of the baseline physical characteristics of our patients it would be very hard for us to demonstrate that we were making successful changes to their weight and physical health.

Abstract Number: 50

**Consent to Treatment in an Adult Forensic Service: How Can Compliance be Improved?**

*Dr Emily Melling (CT3 Psychiatry) Dr Suhanthini Farrell, Consultant Psychiatrist*

**Aims** To establish compliance of Consent to Treatment across a large UK forensic inpatient service (the Adult Forensic Service, Greater Manchester Mental Health NHS Foundation Trust). To put into place specific interventions to improve compliance and complete a re-audit to assess suitability and effectiveness.

**Background** Consent to Treatment is an integral component of the Mental Health Act 1983 and there is evidence that this is not always completed to required standards within forensic inpatient services. Forensic patients are more likely to have lengthy admissions, requiring renewal of consent multiple times during the course of their admission increasing the risk of problems arising.

**Methods** For both the baseline and re-audit, data was collected in two ways for triangulation:
1. From the electronic records system Consent to Treatment folder
2. From a random sample of inpatient prescription card folders across all wards in the Adult Forensic Service

The definition of “valid” was covering all currently prescribed medication. We implemented three interventions:
1. RC training on use of a newly implemented Consent to Treatment folder within the electronic records, to easily identify expired/invalid consent to treatment.
2. A new
system of requiring ward managers to audit consent to treatment for all patients on their ward on 2-weekly, and submit an audit form. 3. Education of all prescribers to check current consent before prescribing medication. The re-audit was performed 3 months after interventions were implemented. Results In the initial audit, compliance with consent to treatment on the electronic record system was 84%, improving to 100% in the re-audit. From the prescription card sample, initially compliance was 78%, improving to 98% in the re-audit. There was a variation in the compliance across the different types of wards, reasons for which are suggested below. Conclusions We found that Consent to Treatment compliance at baseline was relatively poor. We identified barriers to compliance which included: lack of a sustainable system for monitoring consent to treatment and no clear designation of who is responsible for this, medications being prescribed without reviewing existing consent, practical aspects around correct filing of forms including legibility, making routine checks more difficult. We found that for patients whom the electronic record marked their consent to treatment as expired all in fact had valid consent forms, however the system had not been updated to reflect this. We have demonstrated that three simple, cost-neutral solutions have been highly effective in improving compliance.

Abstract Number: 51

**Attention Deficit Hyperactivity Disorder in Broadmoor High Secure Setting**

*Dr Alexandra Blackman  ST6 in forensic psychiatry  South London Partnership*

AIMS AND HYPOTHESIS To establish the prevalence of symptoms of attention deficit hyperactivity disorder (ADHD) among individuals referred to Broadmoor, and determine the rate of screening for ADHD among current inpatients. BACKGROUND It is widely recognised that ADHD is over-represented in secure settings, some studies identifying the prevalence as 3.5x higher than the general population. Symptoms of ADHD such as impulsivity and restlessness may contribute to aggressive incidents, meaning that diagnosing and treating ADHD could have significant implications for clinical practice in high-secure settings.
METHODS A literature review of 54 papers on adult ADHD was completed, establishing the five most common symptoms at diagnosis after “hyperactivity”, “impulsivity” and “inattention”. These were: “emotional dysregulation”, “poor organisation”, “poor self-control”, “low frustration-tolerance” and “irritability”. These symptoms were searched for in the pre-admission summaries of patients accepted to Broadmoor over the last 18 months. The proportion of these patients subsequently screened for ADHD during admission was determined. RESULTS In the pre-admission sample of 53 patients: • 5 patients had a diagnosis of ADHD pre-admission • 40% had an established mental illness, 13% a personality disorder. • 33% had 3 or more symptoms of ADHD • Some symptoms were significantly more common depending on diagnosis; 60% of patients exhibiting inattention had mental illness, none had a personality disorder. • Conversely, an equal proportion with low frustration-tolerance and impulsivity had mental illness or personality disorder. 3 of 49 patients admitted to Broadmoor have been screened for ADHD, none were diagnosed. CONCLUSIONS The rate of diagnosed ADHD in this sample was significantly below national average. This project indicated some common symptoms, such as low frustration-tolerance and impulsivity, were not clearly linked to a particular pre-existing disorder and therefore could indicate undiagnosed ADHD. Hopefully this project will inform further research into whether introducing screening for ADHD in high-secure settings is beneficial, and ultimately whether treatment leads to a reduction in aggressive incidents.

Abstract Number: 52

NHSGGC Forensic Directorate leading standards in psychotropic monitoring for patients prescribed depot/LAI antipsychotics in POMH-UK audit

Miss Esme Beer, Dr Stephen Davidson, Mrs Nicola Watkins

Aims and hypothesis: To compare results for NHSGGC Forensic Directorate against the Forensic Network and national sample data from the Prescribing Observatory for Mental Health (POMH-UK) assessment of side effects of depot/LAI
antipsychotics audit and provide guidance for maintaining standards. Background: The NHS Greater Glasgow and Clyde (NHSGGC) Forensic Directorate look after approximately 200 patients across a regional medium secure, local low secure and community service. This is the largest in Scotland, additionally with the highest proportion of Restricted patients. There is well-established evidence of side effects associated with antipsychotic use, with one recent study highlighting >75% patients report significant side effects. This has been shown to be clinically important because of the associated stigma, suffering and impairment of quality of life experienced by patients and the increased risk of medication non-adherence and potential for subsequent relapse.

Methods: The practice standards were derived from NICE CG178. Data was submitted for 8309 patients on depot / LAI antipsychotics UK wide, including the Forensic Network (72) and NHSGGC (16). Data was collected from patient’s clinical notes over a 2-month period from 3rd September – 31st October 2018 using a bespoke audit tool. Results: Overall NHSGGC performed better than the Forensic Network and the Total National Sample (TNS) across all variables. In particular, for documented evidence of blood tests related to side effects achieving this for 68.75% of patients compared to 25% for the Forensic Network and 20.73% for the TNS. Also in comparison to the Forensic Network who achieved only 12.5% and the TNS only 10.96% for formal examination of movement disorders, NHSGCC achieved 37.5%. NHSGCC again performed significantly better than both the Forensic Network and TNS for detailed assessment of sexual side effects, achieving 18.75% in comparison to 6.94% and 2.3% respectively.

Conclusions: Following the Directorate’s psychotropic monitoring guidelines helps to ensure that practice standards are met so patients prescribed depots / LAIs have a full review at least annually and identified side effects are assessed, documented and have appropriate clinical management plans implemented. The success of NHSGGC Forensic Directorate is likely due to the shared responsibility of the MDT to support psychotropic monitoring, named nurses on each ward supporting maintenance of these standards, monthly review at MDT meetings and a long-term rehabilitation model. We plan to share these results between interface meetings of Forensic and GAP services within NHSGGC to support maintenance of these standards across wider mental health services.
Discourse Analysis at Europe’s Oldest Forensic Hospital: 1850 - 1950

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Aims and Hypothesis: This report aims to provide a descriptive discourse analysis of processes within Europe’s oldest forensic secure unit spanning a century from 1850 to 1950. By examining the interplay of language items and the way they merged with the external society of the time; a unique insight is gained into the patient’s experience of the Irish forensic psychiatric system in the late nineteenth and early twentieth century. Background: Since its inception in 1850 as the “Central Criminal Lunatic Asylum for Ireland”, what is now known as the Central Mental Hospital (CMH) Dundrum, is Europe’s oldest secure forensic hospital. This is reflected in the professional language and discourse documented in its surviving archives. This language has evolved in line with ideological, sociological, and cultural movements throughout the last century. As CMH approaches 170 years in operation, archived material provide us with fecund literature on the language used in the late nineteenth and early twentieth century to describe patient diagnosis, treatment, and interactions with staff. Methods: This is a descriptive study. We used original admission book entries, committal papers, newspaper articles, and case-notes dating from 1850 to 1950. These were obtained from the CMH Archives, and The National Archives of Ireland. We employed discourse analysis (DA) to study the language use above and beyond the sentence, namely the structure and context of the text of the time. Foucauldian DA; a form of discourse analysis focusing on power relationships in society, based on the theories of Michel Foucault was also used to inform the interpretation of the historical texts. Results: This research offers a unique insight into the language used to frame mental health and illness in a forensic setting throughout the late nineteenth and early twentieth century. Themes that emerged from the text include: attitudes towards patients, clinical views, language style, power dynamics,
cultural norms, influence of religion, paternalism and gender considerations.  

Conclusions: This Study offers a descriptive account of language shaped by historical and social processes in the Central Mental Hospital from 1850 to 1950. In doing so, it explores the interface between security and care within a forensic setting during this time. By exploring the meaning behind the reported narrative, the social construction of what it meant to be a forensic inpatient at this time, and the challenges therein are explicated.  

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Abstract Number: 54

**Forensic Mental Health Care in Ontario: Health Outcomes, Service Utilization and Cost**

*Roland Jones  Paul Kurdyak  Claire de Oliveira  Alexander Simpson*

Aims and hypotheses  Our aim was to investigate health services utilization, readmission, mortality rate and cost of services within a total population cohort of forensic mental health patients in Ontario, Canada, and compare to general mental health patients  

Background Information about service utilisation of forensic mental health patients, and cost effectiveness of forensic services is poorly developed. In addition, serious mental illness and substance use disorders are modifiable risk factors for re-offending. It follows therefore that improved treatment for mental disorder and substance misuse would reduce overall morbidity, reduce risk of re-offending, reduce the burden of crime on society as a whole, and reduce the proportion of people who have a serious mental disorder who are incarcerated. In addition, there are only a small number of studies that have examined health care expenditures in individuals with mental disorder who come into contact with the criminal justice system. They have reported high health care and criminal justice costs, with the greatest costs (nearly 90%) attributed to hospitalizations. No longitudinal cost studies have been carried out in a large population-based sample of forensic mental health patients, in a single-payer health system where all health care costs are captured, as is available to this research group.  

Methods This project uses data held at the Institute for Clinical Evaluative Sciences (ICES, www.ices.on.ca), representing all universally funded
health care for all Ontario. We measured population-based outcomes in a large complete cohort of provincial forensic mental health patients over a 12-year period, and compared to a complete cohort of general mental health patients during the same time period. In our study, people admitted to a forensic bed at any time from 1st April 2009 are followed longitudinally to identify to what extent they receive treatment, whether hospitalization or contact with physicians in primary or secondary care settings, and their readmission rates. Importantly, we also completed a 3-year retrospective of patients prior to their first FMH admission to investigate care utilisation and pathways into the service. Results We provide a summary of results and interpretation of findings from this study.

Abstract Number: 55

Dysregulation of Striatal Glutamate:GABA Balance in Violent Male Offenders with Antisocial Personality Disorder and Psychopathy

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Aims and hypotheses To investigate the excitatory/inhibitory (glutamate:GABA ratio) balance of striatal neurons in the brains of those with ASPD+/P compared to healthy non-offenders. We hypothesised that there would be abnormal glutamate:GABA ratios in those with ASPD+/P compared to healthy non-offenders, and that this would be most pronounced in ASPD+P. Background Men with antisocial personality disorder (ASPD) with or without psychopathy (+/-P) are responsible for most violent crime in society. The development of effective treatments has been hindered by a poor understanding of the neurobiological underpinnings of the condition. Neuroimaging studies have identified relevant structural and functional impairments in neural circuitry, including areas such as the striatum. However, the neurochemical abnormalities likely associated with ASPD remain poorly understood and relatively neglected in comparison to other psychiatric disorders. In particular, to date, no study has directly examined the dysregulation of the excitatory/inhibitory (glutamate:GABA ratio) balance. Methods We recruited violent male offenders from South London mental health
and probation services, as well as healthy male non-offenders from the general population. We compared the striatal glutamate:GABA ratio in 24 violent offenders (11 ASPD+P, 13 ASPD-P) and 14 healthy non-offenders, as measured using magnetic resonance spectroscopy. Moreover, given that antisocial behaviour is not specific to ASPD, we also used a dimensional approach to relate striatal glutamate:GABA ratio to antisocial traits across the entire sample. Results Following adjustment for covariates, we found a significant interaction between group and glutamate:GABA ratio (F2,35= 4.214, p = 0.024). Striatal glutamate:GABA ratio was reduced in ASPD-P compared to healthy non-offenders and even more reduced in ASPD+P. Men with ASPD+P had a highly significant reduction in striatal Glutamate:GABA ratio as compared to healthy non-offenders (p = 0.008). Furthermore, glutamate:GABA ratio was also negatively correlated with the severity of ‘Lifestyle’ and ‘Antisocial’ symptoms across the entire sample. Conclusions We report, for the first time, an abnormal glutamate:GABA ratio in the striatum of violent offenders with ASPD, compared to healthy non-offenders. We have implicated potential striatal glutamate:GABA dysfunction in psychopathy and antisocial behaviours.

Abstract Number: 56

**Police Custody Pre Release Risk Assessments - Evaluation of a modified Pre-Release Risk Assessment tool with Northumbria Police, UK**

*Dr Alicia Lyall, Dr Helena Austin, Dr Keith Reid, Dr Iain McKinnon*

Aims: To evaluate the effectiveness of a modified Pre Release Risk Assessment (PRRA) piloted within Northumbria Police for two weeks in April 2019 against guidelines set out in the College of Policing’s Authorised Professional Practice (APP). Background: There is a statutory responsibility to carry out risk assessment when detainees arrive in custody and this has received considerable academic attention. There is also a responsibility to risk assess all detainees “pre-release” from custody – PRRA’s have received less focus from an evaluatory perspective. The College of Policing’s APP contains published guidance on the content of PRRA, however there is yet to be an evaluation of how routinely used PRRAs perform
against this guidance. Northumbria Police (NP) are due to move to a new IT system in 2020. This, along with concerns that the incumbent PRRA does not meet APP standards means that there is an opportunity to develop and pilot an improved PRRA, with a view to integrating this into the proposed custody software upgrade. Method: A “controlled before and after” design was selected. Data from a random sample of PRRAs was evaluated from two separate NP custody suites (A and B). Information recorded in the PRRAs was judged by two researchers (AL and HA) against five face validity and five content validity criteria based on the APP standards. 300 random PRRAs were appraised from two custody suites, A and B (600 in total) prior to the pilot start date (baseline). During the pilot intervention period, suite A used the modified PRRA (intervention), whilst suite B used the standard PRRA (control). 300 random PRRAs were then appraised from the two suites (600 in total) during the pilot phase. 1200 PRRAs were evaluated across the pre pilot and intervention phases. Custody records were identified using a random number generator. Result: The modified PRRA showed improvements in all criteria derived from the APP standards compared to the standard PRRA, particularly with reference to mental health. Conclusion: Evaluation suggest that a modified structured PRRA tool better meets established standards, and is potentially a more robust method of assessing risk prior to release from police custody. A focus group with custody sergeants is now planned to discuss its operational performance before consideration of embedding it in the NP IT system in 2020.