



**Faculty of Forensic
Psychiatry
Online Conference**

2-4 March 2022

@rcpsychForensic #RCPsychForensic22

Useful Information

Registration

Please join at 08:55 ready for a prompt start at 09:00

Poster presentations

We encourage you to view the [virtual gallery of posters](#).

Conference Booklet

You can view the conference programme, speaker abstracts and biography submissions below.

Twitter

Join the discussion online using [@rcpsychForensic](#) or #RCPsychForensic22

Accreditation

This conference is eligible for up to 6 CPD points per day, subject to peer group approval.

Certificates of attendance

Certificates of attendance will be emailed to delegates within one week of the conference.

Speaker presentations

Presentations will be available online within one week of the conference, for up to two months. All delegates will be sent details of this after the conference. Please be aware that these presentations are kindly provided by the speakers but on some occasions, it is not possible to make these publicly available.

Feedback

We would appreciate your feedback. All comments received remain confidential and are viewed in an effort to improve future meetings.

[Leave feedback for Wednesday 2 March](#)

[Leave feedback for Thursday 3 March](#)

[Leave feedback for Friday 4 March](#)

Speaker biographies and abstracts

Wednesday 2 March

09:00-10:00 Session 1: Forensic faculty welcome and update

Chair: Dr Josanne Holloway, Faculty of Forensic Psychiatry

Dr Josanne Holloway, Chair, Faculty of Forensic Psychiatry

Abstract/biography will be uploaded here once available

Chief Executive's update

Paul Rees, Chief Executive, Royal College of Psychiatrists

Abstract/biography will be uploaded here once available

President's Address

Dr Adrian James, President, Royal College of Psychiatrists

Biography: Adrian was elected President in 2020. He holds this role until 2023 and leads the RCPsych on behalf of its members and associates.

Adrian is Consultant Forensic Psychiatrist at Langdon Hospital in Dawlish, Devon. He is a former Medical Director of Devon Partnership NHS Trust and Founding Chair of the School of Psychiatry at the Peninsular Deanery (2006-2008).

He was the elected Chair of the South West Division of the Royal College of Psychiatrists (2007-2011) and sat on the College Council in this capacity. In 2010 he was appointed Chair of the Westminster Parliamentary Liaison Committee of the Royal College of Psychiatrists (attending the three main Party Conferences 2011-14 in this capacity).

He was Clinical Director for Mental Health, Dementia and Neurology, working for NHS England South West (2013-2015, interim from 2012-13). He has also acted as a Reviewer and Clinical Expert for the Healthcare Commission and its successor organisation the Care Quality Commission (CQC).

He has chaired expert review groups on Integrated Care Systems, Cannabis, Prevent and Learning from Deaths. In addition, he set up the Quality Improvement (QI) Committee and Workforce Wellbeing Committee at the College.

His priorities as President are:

1. Establishing a pathway to parity for mental health services
2. Equality and diversity
3. Sustainability
4. Workforce Wellbeing

Adrian is a keen cyclist.

10:30-11:30 Session 2: What you need to know about clinical risk assessment

Chair: Dr David Ho, Consultant Forensic Psychiatrist, Essex Partnership University NHS Foundation Trust

Clinical risk assessment updates

Dr Caroline Logan, Lead Consultant Forensic Clinical Psychologist, Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer, University of Manchester

Biography: Caroline Logan is Lead Consultant Forensic Clinical Psychologist in Greater Manchester Mental Health NHS Foundation Trust and also an Honorary Senior Lecturer at the University of Manchester. She has worked as a researcher and as a clinician in forensic mental health, criminal justice and law enforcement services for over 25 years. Dr Logan has on-going clinical and research interests in the areas of personality disorder (including psychopathy), risk, violent extremism, and forensic clinical interviewing, and she has a special interest in gender issues in the range of offending behaviour. She has published three books and over 50 articles on these subjects and is currently working on a second edition of *Managing Clinical Risk* with Lorraine Johnstone and a handbook on violent extremism risk assessment and management with Paul Gill and Randy Borum.

Abstract: While the risk-related guidance available to help practitioners understand and manage the risks presented by some of their service users has changed little in the last five years – updates in the main – our appreciation for how that guidance should be used has evolved considerably. However, practice has been slow to follow at least in part because the meaning of the task has become lost in its adoption as requirement for all service users, regardless of whether they have a history of violence or not. Risk assessment has become an obligation rather than an inherently informative clinical task. In this presentation, ten guiding principles for clinical risk assessment and management are presented, which provide the framework for a review of current and evolving practice in the field. This presentation will be relevant to practitioners across the range of mental health services, from community to custodial settings.

Protective factors: new SAPROF and risk screening developments

Dr Michiel de Vries Robbe, Associate Professor, Amsterdam University Medical Centre .

Biography: Dr. Michiel de Vries Robbé is psychologist and senior researcher at the department of Child and Adolescent Psychiatry and Psychosocial Care, of the Amsterdam University medical center (VUmc) in The Netherlands. In addition, he is affiliated as senior researcher with the Netherlands Institute of Forensic Psychiatry and Psychology and as associate professor with the department of Psychiatry and Behavioural Neurosciences of McMaster University, Hamilton, Canada. His research focuses primarily on risk assessment and its applicability and implementation in forensic practice. In particular he is involved in the development of risk screening and the assessment of protective factors for (violence) risk for adults, juveniles and children. He is co-author of the Structured Assessment of Protective Factors for violence risk (SAPROF), SAPROF-Youth Version (SAPROF-YV), SAPROF-Child Version (SAPROF-CV), SAPROF-Sexual Offending (SAPROF-SO), Female Additional Manual (FAM), Risk Screener-Violence (RS-V) and Risk Screener-Youth (RS-Y).

Abstract: Title Protective factors: new SAPROF and risk screening developments.

Protective factors bring a balanced view of forensic clients and offer new opportunities for positive treatment goals and strengths-based interventions. The SAPROF and SAPROF-Youth Version have become well established protective factor assessment tools that complement comprehensive risk assessment. Recently, there have been several new developments regarding protective factors assessment that will be shared in this presentation. Based on insights from long-term care and intellectual disabilities treatment additional protective factors were proposed, which will be incorporated in a new SAPROF-Extended Version. Specific protective factors for sexual offending have been included in the SAPROF-Sexual Offending. In order to inspire client involvement in their trajectory a SAPROF self-assessment was created. For younger children there is now a SAPROF-Child Version. Lastly, new developments in the area of risk screening will also be presented, concerning the Risk Screener-Violence for adults and the Risk Screener-Youth. These risk screening tools include risk as well as protective factors and are intended to be used for those settings where in-depth risk assessment is simply not feasible for all individuals, such as the prison setting, probation services, and outpatient or short-term inpatient treatment. The potential application of these new tools in forensic practice will be discussed.

12:00-13:00

Session 3: Keynote: Release, recall and risk

Chair: Dr Shubulade Smith, Clinical Director of Forensic Services, South London and Maudsley NHS Foundation Trust

Professor Nicola Padfield, Professor in Criminal and Penal Justice, University of Cambridge

Abstract/biography will be uploaded here once available

13:45-14:45

Session 4: Debate - This house believes that it is time to stop doing long risk assessments like the HCR-20 because they have not improved patient outcomes

Chair: Professor Lindsay Thomson, Professor of Forensic Psychiatry, University of Edinburgh

Professor Lindsay Thomson, Professor of Forensic Psychiatry, University of Edinburgh

Biography: Lindsay has been Medical Director of the State Hospitals Board for Scotland and of the Forensic Mental Health Services Managed Care Network, and Director of the School of Forensic Mental Health since 2007. She has been an Honorary Consultant Forensic Psychiatrist at The State Hospital from February 1998. She is Professor of Forensic Psychiatry at the University of Edinburgh.

Lindsay graduated in medicine from the University of Edinburgh and has Master of Philosophy and Doctorate of Medicine postgraduate degrees. She is a Fellow of the Royal College of Psychiatrists. Lindsay is fully trained in general adult and forensic psychiatry. Her research interests include outcomes in mentally

disordered offenders, risk assessment and management of harm to others, the impact of legislative change, and interventions and service design for mentally disordered offenders.

She has a particular interest in teaching and established the School of Forensic Mental Health under the auspices of the Forensic Network. The School won the Scottish Public Service Award for Employee Engagement and Skills in 2014. Lindsay works extensively with health, social and criminal justice services on educational programmes in forensic mental health. She was presented with a Lifetime Achievement Award in 2015 at the NHS Education Scotland Medical Directorate Awards.

She co-authored the first textbook on psychiatry and the Scottish legal system and legislation: *Mental Health and Scots Law in Practice* which is now in its second edition.

For the motion:

Dr Ed Silva, Consultant Forensic Psychiatrist, Mersey Care NHS Foundation Trust

Professor Seena Fazel, Professor of Forensic Psychiatry, University of Oxford

Biography: *Abstract/biography will be uploaded here once available*

Against the motion:

Dr Caroline Logan, Lead Consultant Forensic Clinical Psychologist, Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer, University of Manchester

Biography: Caroline Logan is Lead Consultant Forensic Clinical Psychologist in Greater Manchester Mental Health NHS Foundation Trust and also an Honorary Senior Lecturer at the University of Manchester. She has worked as a researcher and as a clinician in forensic mental health, criminal justice and law enforcement services for over 25 years. Dr Logan has on-going clinical and research interests in the areas of personality disorder (including psychopathy), risk, violent extremism, and forensic clinical interviewing, and she has a special interest in gender issues in the range of offending behaviour. She has published three books and over 50 articles on these subjects and is currently working on a second edition of *Managing Clinical Risk* with Lorraine Johnstone and a handbook on violent extremism risk assessment and management with Paul Gill and Randy Borum.

Dr Quazi Haque, Executive Medical Director, Elysium Healthcare and President, International Association of Forensic Mental Health Services

Biography: *Abstract/biography will be uploaded here once available*

15:15-16:15 Session 5: The Parole Board and Forensic Psychiatry

Chair: Dr John O'Grady, Former Chair, Forensic Faculty, RCPsych, recently retired member, Parole Board, England and Wales

Dr Huw Stone, Former Consultant Forensic Psychiatrist, Ravenswood House MSU, Hampshire and Current member Parole Board, England and Wales

Biography: *Abstract/biography will be uploaded here once available*

Dr Kevin Murray, Former Consultant Forensic Psychiatrist and Associate Medical Director Broadmoor Hospital, Current member Parole Board, England and Wales

Biography: Dr Kevin Murray trained in forensic psychiatry in Northwest London and established the Bentham Remand Unit in conjunction with HMP Wormwood Scrubs. In 2001 he transferred to Broadmoor where he was Associate Medical Director until 2014, and subsequently Trust R&D Director. He retired from the NHS in 2020 and has been a Parole Board member since 2018.

Dr Jeremy Kenney-Herbert, Deputy Chair, Faculty of Forensic Psychiatry, RCPsych

Biography: *Abstract/biography will be uploaded here once available*

End of Day

Thursday 3 March

09:00-10:00 Session 1: The Barron Review of forensic mental health services in Scotland

Chair: Dr Jo Brown, Chair, Faculty of Forensic Psychiatry in Scotland

The Independent Review into the Delivery of Forensic Mental Health Services in Scotland

Derek Barron, Director of Care, Erskine

Biography: *Abstract/biography will be uploaded here once available*

A view from Government

Gavin Gray, Deputy Director, Improving Mental Health Services

Biography: *Abstract/biography will be uploaded here once available*

A view from the Scottish Forensic Network

Caroline Kelly, Forensic Network Manager

Biography: Caroline Kelly is the Manager of Scotland's Forensic Mental Health Services Managed Care Network ('Forensic Network'). Prior to taking up post in 2020, Caroline worked in psychology roles within The State Hospital and the Scottish Prison Service. With a background in Forensic Psychology, Caroline has also contributed to research through roles in the University of Edinburgh and the Risk Management Authority.

A view from the Scottish Forensic Network

Professor Lindsay Thomson, Professor of Forensic Psychiatry,

University of Edinburgh

Biography: Lindsay has been Medical Director of the State Hospitals Board for Scotland and of the Forensic Mental Health Services Managed Care Network, and Director of the School of Forensic Mental Health since 2007. She has been an Honorary Consultant Forensic Psychiatrist at The State Hospital from February 1998. She is Professor of Forensic Psychiatry at the University of Edinburgh.

Lindsay graduated in medicine from the University of Edinburgh and has Master of Philosophy and Doctorate of Medicine postgraduate degrees. She is a Fellow of the Royal College of Psychiatrists. Lindsay is fully trained in general adult and forensic psychiatry. Her research interests include outcomes in mentally disordered offenders, risk assessment and management of harm to others, the impact of legislative change, and interventions and service design for mentally disordered offenders.

She has a particular interest in teaching and established the School of Forensic Mental Health under the auspices of the Forensic Network. The School won the Scottish Public Service Award for Employee Engagement and Skills in 2014. Lindsay works extensively with health, social and criminal justice services on educational programmes in forensic mental health. She was presented with a Lifetime Achievement Award in 2015 at the NHS Education Scotland Medical Directorate Awards.

She co-authored the first textbook on psychiatry and the Scottish legal system and legislation: *Mental Health and Scots Law in Practice* which is now in its second edition.

10:30-11:30 Session 2: Moving through the restricted patient system

Chair: Dr Raman Deo, Clinical Director, Essex Partnership University NHS Foundation Trust

Mental health casework section and the joint extremism unit's joint notification system

Helen Souter

Biography: *Abstract/biography will be uploaded here once available*

Mental health casework section and the joint extremism unit's joint notification system

Carlene Benzie, National Counter-Terrorism Tactical Lead, Joint Extremism Unit, HMPPS and Home Office

Biography: *Abstract/biography will be uploaded here once available*

Discussant

Dr Al Aditya Khan, Consultant Forensic Psychiatrist, Oxleas NHS Foundation Trust

Biography: I am a consultant forensic psychiatrist currently working in an acute admission ward at the Bracton Centre, Oxleas NHS Foundation Trust (since January 2016). I am the deputy lead for the South London Partnership A2 (Acute) Pathway.

I have worked as a consultant forensic psychiatrist with the Kent prison mental health team since August 2011 till January 2016. I was the lead consultant for the South East London Legal Area Magistrates' Court Liaison and Diversion Service during that period.

I have an active interest in research in areas such as psychopharmacology, mental health needs of immigration detainees and foreign national prisoners, court liaison and diversion services, resettlement of prisoners with mental health issues, and prison mental health services in Bangladesh.

I am working with a number of charity organisations including the Death Penalty Project; with them I have taken part in training and teaching of judges and psychiatrists in Bangladesh.

12:00-13:00 Session 3: Difficult-to-treat depression: relevance to forensic psychiatry

Chair: Professor Harry Kennedy, Professor of Forensic Psychiatry, Trinity College Dublin, The University of Dublin

Difficult-to-treat depression: relevance to forensic psychiatry Professor Hamish McAllister-Williams, Professor of Affective Disorders, Newcastle University

Biography: Hamish McAllister-Williams is Professor of Affective Disorders at Newcastle University and an Honorary Consultant Psychiatrist in the Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust.

In addition to a medical degree, Prof McAllister-Williams holds a PhD in Neuropharmacology from the University of Edinburgh, and an MD in Clinical Psychopharmacology from Newcastle University. He leads the Northern Centre for Mood Disorders research group (www.mood-disorders.co.uk). His main research interests are in further understanding mood disorders and their treatment. He is Chief or Principle Investigator on a number of multicentre pharmacological and neurostimulatory trials. Clinically, he leads the Regional Affective Disorders Service in Newcastle, a tertiary level specialised clinic for patients with complex or difficult to treat mood disorders. The service provides

a range of new and innovative treatments. He led an international expert group to produce a consensus statement on the identification, assessment and management of “difficult-to-treat depression”.

Abstract: "Difficult to treat depression: relevance to forensic psychiatry"

The words we use to describe situations are important. The phrase “treatment resistant depression/bipolar disorder/schizophrenia” implies, or can be taken to imply, a number of things. The phrase suggests that it is the illness, or patient, who is resistant to treatment, putting this at arm’s length from the clinician. How we think about or conceptualise problems also impacts how we deal with them. Aside from the semantic issues, “treatment resistance” is almost always defined entirely pharmacologically and hence the concept implies further acute medication trials until the patient shows a response. In most cases beyond a certain point this is neither logical nor sensible. In managing complex situations (e.g. a patient remaining unwell despite usual treatment efforts) it is more important to consider how this might be done rather than the precise details of specific interventions (e.g. which antidepressant augmentation/antipsychotic/mood stabiliser to try next). A framework to manage situations where patients have difficult to treat illnesses will be presented, based on one developed for depression. It will be argued that this framework can be applied across different disorders and in different health care settings. While the framework itself has not yet been examined in trials, it is based on evidence showing the effectiveness of a systematic and structured approach to treatment.

13:45-14:45 Session 4: Medicolegal Session - A homicide report: it’s all in the detail

Chair: Professor Tom Fahy, Professor of Forensic Psychiatry, King’s College London

Speaker

Dr Ian Cumming, Consultant in Forensic Psychiatry, South London and Maudsley NHS Foundation Trust

Biography: *Abstract/biography will be uploaded here once available*

Discussants

Dr Richard Latham, Consultant in Forensic Psychiatry, East London NHS Foundation Trust

Biography: *Abstract/biography will be uploaded here once available*

Discussants

Dr Derek Tracy, Medical Director, West London Mental Health Trust

Biography: *Abstract/biography will be uploaded here once available*

15:15-16:30 Session 5: Review of services for vulnerable persons detained in prisons in Northern Ireland

Chair: Dr Leanne Morgan, Clinical Lead, Regulation and Quality Improvement Authority (RQIA)

Background and context

Dr Leanne Morgan, Clinical Lead, RQIA

Biography: Dr Leanne Morgan is the Clinical Lead at Regulation and Quality Improvement Authority. Leanne's clinical background is in obstetrics and gynaecology. She provides medical leadership to RQIA programmes of inspections, reviews and Quality Improvement. She led the Review of Services for Vulnerable People Detained in Northern Ireland Prisons. Her talk will focus on the background to prisons and prison healthcare in Northern Ireland, outlining the context for why was there a need to review the quality of services for vulnerable people in custody.

Abstract: Title: Prisons and prison healthcare in Northern Ireland: why was there a need to review the quality of services for vulnerable people in custody?

Northern Ireland (NI) has a 25% higher prevalence of mental ill-health than the rest of the United Kingdom (UK). This higher level of need is reflected within its prison population². It has been highlighted in a number of prison inspection and review reports that the care of vulnerable people in custody required significant improvement. Following the deaths of five prisoners within a twelve month period, and the publication of a Prisoner Ombudsman report which was highly critical of the care provided to a vulnerable prisoner, it was announced that there would be a review into services for vulnerable people in Northern Ireland prisons.

In July 2020, the Regulation and Quality Improvement Authority (RQIA) was commissioned to undertake this work. The Review Team examined whether the needs of people with mental ill-health and other vulnerability factors were being met by the existing arrangements for planning, commissioning and delivery of care.

Findings from the review part I – systems issues

Ms Theresa Nixon, former Director of Assurance, RQIA

Biography: Since the 1980s, Theresa who is a social worker by profession has led and managed, in a number of senior roles, various teams of professional staff, managers, inspectors and administrative staff in the organisation and delivery and regulation of children and adult health and social care services in Northern Ireland.

From 2005 to 2020, in her role as Director of Assurance in the Regulation and Quality Improvement Authority in NI, Theresa had responsibility for the oversight of the inspections for regulated services, mental health and learning disability services and prison healthcare inspections and for follow up of any regulatory actions require

Theresa has also led on a number of significant governance reviews for RQIA and been involved in major capacity building social care projects in Bulgaria, Amman and is currently working with the Croatian Ministry developing standards and monitoring frameworks on behalf of Northern Ireland Co-operation Overseas.

Findings from the review part II – mental health and addictions services

Professor Andrew Forrester, Professor of Forensic Psychiatry, Cardiff University

Biography: Andrew is a Professor of Forensic Psychiatry at Cardiff University, and a Consultant Forensic Psychiatrist with Swansea Bay University Health Board and Oxleas NHS Foundation Trust.

Andrew is the forensic lead at the National Centre for Mental Health (<https://www.ncmh.info/investigators/andrew-forrester/>), Director of the Offender Health Research Network Cymru, and chair of the Criminal Justice Steering Group Traumatic Stress Wales.

Andrew is an Academic Secretary to the Faculty of Forensic Psychiatry, Royal College of Psychiatrists, and Editor in Chief of the SAGE journal Medicine, Science and the Law.

Andrew sits on the executive committees of the Forensic Faculty of the Royal College of Psychiatrists, the British Academy of Forensic Sciences, the charity Crime in Mind, and the British Medical Association's Forensic and Secure Environments Committee.

Andrew chairs the World Psychiatric Association's prison mental health taskforce and am a member of the Society of Expert Witnesses, the Medical and Dental Defence Union of Scotland, and the Royal Society of Medicine.

Andrew is a Fellow of the Royal Society of Arts, an honorary member of the World Psychiatric Association, and a former member of the Royal College of Psychiatrists' Working Group on the Mental Health of Refugees and Asylum Seekers.

Andrew has worked as a psychiatrist in prisons and other criminal justice settings for over 20 years, and written over 800 reports to the Courts, mainly in criminal proceedings.

Andrew's clinical and research interests relate to mental health conditions as they present in the criminal justice system, including prisons, courts, police custody, probation, and other places of detention, with a focus on vulnerability and marginalisation.

Abstract: In this national review of healthcare provision in prisons in Northern Ireland, we found a substantial need for service improvement, with a number of deficits in particular areas. Despite this, we also interviewed many very committed and highly skilled staff, dedicated to delivering improved services. However, in many areas there are simply not enough staff, particularly within specialist mental health services, including psychiatry and psychology. Similarly, addictions services are under-provided, even though there had been recent improvements in this area. Services were facing high levels of demand, with long waiting lists for in-prison health services, excessive secure hospital transfer delays, and provision that fell short of accepted standards. These difficulties were compounded by service gaps in a number of areas, including people with cognitive impairments, dementia, or neurodevelopmental conditions including intellectual disabilities, autism spectrum disorder and attention deficit hyperactivity disorder. In some cases, people with acute and severe mental illness were managed in care and separation units, potentially

compromising their human rights. At a service level, provision was not underpinned by a robust or up-to-date prevalence or needs assessment. After concluding the review, we made 16 recommendations that will be presented and discussed.

Findings from the review part III – personality disorder

Mr Mick Burns, former Co-Commissioner, NHS England and NHS Improvement

Biography: Mick is a former NHS Co-Commissioner for the joint NHS/HMPPS OPD Pathway in the North of England. He commenced work as a nurse in the NHS in 1988 and post qualification worked for 17 years in a range of low and medium secure settings before moving into a specialised commissioning role in 2008.

Abstract: Mick summarises the key issues identified by clinical and operational staff in relation to personality disorder during the review, the aims of and principles underpinning the OPD Programme in England and Wales and finally considers how service improvements (in relation to the management of personality disorder) might practically proceed in Northern Ireland.

Recommendations and the role of the RQIA in driving improvements

Emer Hopkins, Interim Director of Improvement, RQIA

Biography: Emer is the Director of Hospital Services, Independent Healthcare and Reviews at RQIA, and she leads on RQIA's remit to protect human rights under the national preventive mechanism. Emer, a chartered physiotherapist, joined RQIA in 2019 and has been key to embedding improvement approaches alongside core regulatory activities such as inspection and review work. Emer's talk will focus on next steps and how RQIA will ensure tangible results that will make a real difference to those who require these services.

End of Day

Friday 4 March

09:00-10:00 Session 1: The use of anti-libidinal medication in forensic mental health settings

Chair: Dr Sodi Mann

Consultant Forensic Psychiatrist, Edenfield Centre, Manchester

Clinical Lead for Deaf Mental Health Services, John Denmark Unit, Manchester

Current evidence

Dr Callum Ross, Consultant Psychiatrist, Broadmoor Hospital

Biography: Dr Callum Ross is a consultant forensic psychiatrist at Broadmoor High Secure Hospital. He was previously a consultant in the hospital's Dangerous and Severe Personality Disorder (DSPD) service. Dr Ross has clinical interests in personality disorders, sexual offending, and paraphilias. His clinical focus centres on how best the NHS can meet the needs of this group of men when the Prison Service has been unable. He is named in the Employment Tribunal of Ms K Hopkins v Secretary of State for Justice for making a Freedom

of Information request to the UK Ministry of Justice relating to the Sex Offender Treatment Programme study, and after being refused this on the grounds that the public interest is better served by withholding the report, and made a request for an internal review, which was also refused.

POMH and its involvement in the piece: 10 mins

Mr Gavin Herrington, Programme Manager POMH, Royal College of Psychiatrists

Biography: *Abstract/biography will be uploaded here once available*

10:30-11:30 Session 2: Clinical and research updates

Chair: Dr Ayana Gibbs, Consultant Forensic Psychiatrist, Psychiatry-UK

Biography

Dr Ayana Gibbs (MBChB, PhD, MRCPsych) is a Consultant Forensic Psychiatrist who completed her specialist training in adult and forensic psychiatry at the Maudsley and Bethlem Royal Hospitals in London in 2008 and her PhD in Neuroscience at the IoPPN, King's College London in 2010. After leading research in forensic mental health and psychopharmacology as Clinical Senior Lecturer (Honorary Consultant) in Forensic Psychiatry at the University of Sussex, she spent 10 years in R&D and medical affairs in the pharmaceutical industry and is currently Consultant Psychiatrist with Psychiatry-UK. She remains passionate about advancing forensic mental health research and her current areas of interest include addiction and ADHD.

Psychopathy in women – update and insights from neuroscience

Dr John Tully, Clinical Associate Professor in Forensic Psychiatry, University of Nottingham

Biography: Dr John Tully is a clinical academic forensic psychiatrist at University of Nottingham and Nottinghamshire Healthcare Foundation Trust. His main research interest is the neuroscience of antisocial personality and psychopathy, in which he completed his PhD at the Institute of Psychiatry, Psychology and Neuroscience. As a clinician, he works as a consultant forensic psychiatrist in Nottinghamshire NHS Trust prison mental health service.

Abstract: Psychopathy is a severe form of personality disturbance, resulting in a detrimental impact on individuals, healthcare systems, and society as a whole. Until relatively recently, most research in psychopathy has focused on male samples, not least because of its link with criminal behaviour and the large proportion of violent crime committed by men. However, psychopathy in women also leads to considerable problems at an individual and societal level, including substance misuse, poor treatment outcomes, and contribution to ever-increasing numbers of female prisoners. Despite this, due to relative neglect, most research into adult female psychopathy is underpowered and outdated. This overview will argue that the field needs revitalising, with a focus on the developmental nature of the condition and neurocognitive research. Recent work international consortia into conduct disorder in female youth—a precursor of psychopathy in female adults—gives cause for optimism. The talk will also outline key strategies for enriching research in this important field with contemporary approaches to other psychiatric conditions.

Frequent fliers in prison: Penrose people?

Dr Conor O'Neil, Consultant Forensic Psychiatrist, National Forensic Mental Health Service, Ireland

Biography: Conor O'Neill is a consultant psychiatrist with the national forensic mental health service in Ireland and former chair of the faculty of forensic psychiatry of the College of Psychiatrists of Ireland. He set up and has led the Prison Inreach and Court Liaison Service (PICLS) at Ireland's main remand prison since 2006. He is a Senior Clinical Lecturer at Trinity College Dublin and a member of the Advisory Group to the RCPsych Quality Network for Prison Mental Health Services. Awards include the research prize at the RCPsych forensic faculty conference in 2017.

Abstract: John Gunn (1977) described a "stage army" of people with mental illness repeatedly presenting via prisons. Ecological "Penrose" inverse relationships between psychiatric bed numbers and prison places have been shown for serial cross-sectional samples over time in multiple countries. This relationship was also evident in a true longitudinal 25 year sample in Ireland. If people who might previously have been hospitalised are now presenting via prisons, there should be a population (mainly men) repeatedly presenting to prison at times when acutely psychotic, homeless, and in need of hospitalisation. Counting such a "stage army" would require direct assessment of consecutive remands over an extended period. This paper describes such a process for over 26,000 consecutive male remands to Ireland's main remand prison over nine years. "Frequent fliers" were more likely to be psychotic and homeless on committal. They were also more likely to be diverted to hospital upon release.

Supporting prisoners with mental health needs in the transition to RESETtle in the community: the RESET study

Professor Doug MacInnes, Professor of Mental Health, Canterbury Christchurch University, Canterbury

Biography: Doug is the Professor of Mental Health at Canterbury Christ Church University. He has worked on a number of national and international funded studies with many focusing on forensic mental health care. He has close working relationships with forensic mental health services in Kent and South London. Forensic mental health research topics have included; examining older peoples uses and experiences of forensic mental health services, supporting informal carers of people using forensic mental health services, user satisfaction in forensic in-patient settings, using a structured psychological intervention to improve quality of life and interventions to support prisoners with mental health needs.

Abstract:

Background

Homelessness is linked to poor mental health and an increased likelihood of offending. People often lose accommodation when they enter prison and struggle to find accommodation upon release leading to an increased likelihood of relapse and reoffending. The RESET intervention supported prisoners with

mental health needs for 12 weeks after release coordinating their transition into the community and obtaining secure housing.

Methods

The primary aim of the study was to address the participants housing situation. A prospective cohort design followed up prisoners with mental health needs for 9 months post-release. Data were collected at three time points regarding accommodation, reoffending as well as levels of contact and engagement with services. Inferential statistics using Chi-squared tests and t tests were used to examine differences in scores between the two groups at each time point.

Results

62 prisoners were recruited to the study. Those prisoners receiving the RESET intervention were significantly more likely to have secure housing at all three time points. There was also an association between receiving the intervention and greater engagement with other services.

Conclusion

The intervention was successful in achieving its main objective; accommodating participants in permanent housing and reducing homelessness. Secure housing is an important factor in ensuring a positive transition from prison to the community for prisoners with mental health needs.

12:00-13:00 Session 3: Length of stay in Forensic Services

Chair: Dr Kalpana Elizabeth Dein, Consultant Forensic Psychiatrist, Oxleas NHS Foundation Trust

Dr Kalpana Elizabeth Dein

Biography: Kalpana Dein is a Consultant Forensic Psychiatrist working for Oxleas NHS Trust in a Kent prison. She qualified in medicine from Trivandrum Medical College (India) and holds a master's degree in psychiatric research from UCL. She is currently pursuing a doctorate in Queen Mary University of London supervised by Dr Freestone, Dr Shakoor and Prof Bhui, that looks at autism within medium secure units in England. Besides autism, she has a special interest in culture/religion and mental health.

Length of stay in medium secure psychiatric units: systematic review

Dr Rory Sheehan, Senior Clinical Lecturer, King's College London and Honorary Consultant Psychiatrist, Oxleas NHS Foundation Trust

Biography: Dr Rory Sheehan is a senior clinical lecturer in the Forensic and Neurodevelopmental Sciences Department at the Institute of Psychiatry, Psychology, and Neuroscience, King's College London. His research uses multiple methodologies and cuts across a number of issues in intellectual disability, neurodevelopmental disorders, and challenging or offending behaviour. Dr Sheehan works clinically as an honorary consultant psychiatrist in the Forensic Intellectual and Neurodevelopmental Disabilities community

team at Oxleas NHS Foundation Trust and with the Learning Disability and Autism pathway of the South London Partnership.

Abstract:

Characteristics and Needs of Long-stay Forensic Psychiatric Inpatients: A Rapid Review of the international Literature

Professor Birgit Vollm, Professor of Forensic Psychiatry, University of Rostock

Biography: *Biography will be uploaded here once available*

Abstract: Long-stay patients within the UK, a multi-site study of medium and high secure settings

Forensic psychiatric services are costly and highly restrictive for patients. Clinical experience and research available indicates some patients may stay for too long in these settings. A proportion of patients may, however, require long-term (potentially life-long) secure forensic psychiatric care but their needs may not be met by existing service provision designed for faster throughput. This presentation will summarise the findings of a national, multi-centre, cross sectional study exploring the prevalence of long-stay and characteristics of long-stayers in high and medium secure forensic psychiatric care in England. It will also pay attention to the experience of long-stay patients as well as staff views on potential special services for this group.

Length of stay of Bracton Centre patients

Jacquelin Tallent, Research Fellow, Canterbury Christ Church University

Biography: Jacqueline Tallent is a Research Fellow in the School of Nursing and Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University. She is completing her PhD in Health and Wellbeing for the Faculty of Medicine, Health and Social Work, where she explored the social networks of mental health prisoners after their release from prison.

Her research career started in 2010, working in Broadmoor Hospital as a Student Psychologist. Since then, she has conducted research in high and medium secure hospitals and prisons.

Her current projects include exploring the transitional care pathways of older adults in secure forensic settings, a Campbell Collaboration Evidence and Gap Map (EGM) where is evidencing the current literature on art-based intervention in secure criminal justice settings, and a systematic review on the effectiveness of psychological interventions for carers of patients with severe mental illness.

Factors affecting length of stay in Dundrum Hospital, Dublin: a 10-year retrospective study of a complete national forensic patient cohort

Dr Mary Davoren, Consultant Forensic Psychiatrist, Central Mental Hospital Dundrum and Clinical Senior Lecturer in Forensic Psychiatry, Trinity College University of Dublin

Biography: Dr Mary Davoren is a Consultant Forensic Psychiatrist at Dundrum Hospital and Clinical Senior Lecturer in Forensic Psychiatry at Trinity College University of Dublin, Ireland. Dr Davoren is a Fellow of the Royal College of Psychiatrists (FRCPsych). Prior to her current appointment, Dr Davoren was a Consultant Forensic Psychiatrist on the Personality Disorder Pathway at Broadmoor High Secure Hospital and High Secure Research Lead at Broadmoor, West London NHS Trust. Dr Davoren completed her medical degree in Ireland (National University of Ireland), her higher degree at Trinity College Dublin (M.D.) and her fellowship at the Violence Prevention Research Unit, Queen Mary University of London. Her current research interests include leading on the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST study), obesity and physical health outcomes for patients in secure settings, and recovery in secure hospital settings. She sits on the Books Committee of the Royal College of Psychiatrists (UK), and the Forensic Faculty and Ethics Committee of the Irish College of Psychiatrists. Dr Davoren sits on the Medical Council of Ireland.

13:20-13:45 In conversation with authors in forensic psychiatry (pre-recorded)
The mind of a murderer Dr Simon Wilson in conversation with Dr Richard Taylor

Dr Simon Wilson

Biography: Simon Wilson has been a consultant forensic psychiatrist for 20 years. He has particular interests in fixated behaviour, threat management, and prison psychiatry. He works in the North London Forensic Service at Barnet Enfield & Haringey NHS Mental Health Trust.

Dr Richard Taylor

Biography: Richard Taylor has been a consultant forensic psychiatrist for 21 years. He has particular interests in homicide, violent extremism, forensic neuropsychiatry and the ethical aspects of confidentiality as it relates to public protection. He works in the North London Forensic Service at Barnet Enfield & Haringey NHS Mental Health Trust. In 2021 he published – in the UK and Australia – 'The Mind of a Murderer' in which he explores the forensic psychiatry of homicide for a general readership. The book explores the work of forensic psychiatrists in assessing and treating those charged with homicide through a series of cases selected to illustrate the key sub-types of homicide. The book was serialised in The Sunday Times and has so far been translated into Russian, Chinese, Polish, Portuguese and Korean.

13:45-14:45 Session 4: Trabajando juntos: Forensic and prison psychiatry in Latin America

Chair: Professor Andrew Forrester, Professor of Forensic Psychiatry, Cardiff University

Forensic and prison psychiatry in Paraguay

Professor Julio Torales, Professor of Psychiatry and Medical Psychology, National University of Asunción, Paraguay.

Biography: Julio Torales, MD, MSc, IFAPA, MWPA (Hon) is Professor and Head of the Department of Medical Psychology, and Professor of Psychiatry and Head of the Department of Mental Health at National University of Asunción, Paraguay. Professor Torales is a Level I Researcher of the National Council of Science and Technology of Paraguay. He is Past Co-Chair of the Ethics and Review Committee of the World Psychiatric Association (Switzerland), former Chair of the Amnesty International' section in Paraguay, and former member of the International Board of Amnesty International (United Kingdom). His areas of interest are psych dermatology, epidemiology of mental disorders, and physiotherapy in mental health. His research has focused extensively on the economic, social and cultural rights of people with mental disorders, and on the mental health and human rights of vulnerable people (e.g., homeless people, indigenous communities, LGBT+ population). Professor Torales was involved in the development of Paraguay's first National Mental Health Policy (2011) and is currently working with many stakeholders on the development of legislation to ensure universal access to mental health services and improve the level of care in the country.

Abstract: Forensic and prison psychiatry in Paraguay

There are 18 prisons in Paraguay, housing pre-trial, post-trial and remand prisoners. Overcrowding is still a fundamental problem. The occupancy level of 143.1% in 2017 (based on the official capacity of 9511) increased to 176.7% in 2019. Nationwide, there are 45 forensic mental health beds in specialized prison inpatient units for inmates with a mental disorder, but only two prisons have officially established mental health services. The minimum length of stay in these prisons is at least 1 year, and 54% of all forensic inpatients are discharged before 4 years. The prison health budget is small and insufficient to cover the cost of psychotropic medication required by prisoners. For this reason, access to medication is extremely limited in prisons, and prescribing physicians often request donations of medication from non-governmental organizations or rely on complementary samples. There is a lack of public interest in the well-being of the inmate population, and culturally, a punitive conception of punishment is more accepted than the pursuit of reintegration. Addressing the paucity of mental health research in prisons would give a sign of the current level of health inequality and equality within the inmate population compared to the general population and provide guidance for improving the mental health of inmates.

Forensic and prison psychiatry in Bolivia

Professor Guillermo Rivera, Professor of Forensic Psychiatry, Universidad Privada de Santa Cruz, Bolivia.

Biography: My educational background includes a MA in Mental Health Policy and Services from the NOVA University of Lisbon in Portugal and a Doctor in Community Mental Health from The National University of Lanus in Argentina. I hold a MD and a Specialization in Psychiatry from the University of Saint Francis Xavier in Bolivia. I did different fellowships in Australia, Spain and Brazil.

Currently, I am Chair of the Department of Psychiatry at Hospital Universitario Japonés and Professor of Abnormal Psychology at Universidad Privada de Santa Cruz de la Sierra and Professor of Psychopharmacology at Universidad Peruana Cayetano Heredia. Additionally I serve as Vice President of the

National Academy of Sciences of Bolivia and Director of the official journal of the Latin-American Association of Analysis, Behavioral Modification and Cognitive and Behavioral Therapies (ALAMOC).

My research focuses on the mental health of prison populations, mental health service development and early intervention in Psychosis.

Abstract: Forensic and prison psychiatry in Bolivia

Forensic psychiatry is a new subspecialty in Bolivia at present, but still is not well understood by the justice system. Courts do consider mental health issues in those attending trial, but there is no mental health legislation which influences disposal. Therefore, those defendants with mental health problems found guilty of an impressionable offence are sent to prison rather than hospital, where they remain untreated. There are no legal means by which prisoners in Bolivia with serious mental disorders can be transferred to a psychiatric hospital in order to receive appropriate treatment and care. At a national level, no formal agreement has yet been made between the prison system and mental health services. There appeared to be improvements in attitudes to mental disorder among staff and families, although this was not measured. Currently family associations are fostering a mental health act, which includes prison in-reach mental health services.

Comorbid mental health problems of incarcerated populations in Chile

Professor Adrian Mundt, Professor of Psychiatry, Universidad de Chile, Santiago, Chile

Biography: I studied medicine and hold a doctorate title from the Charité Universitätsmedizin Berlin in Germany. I trained in psychiatry and psychotherapy at the Department of Psychiatry and Psychotherapy of the Charité Campus Mitte, Universitätsmedizin Berlin. Between 2012 and 2015, I was a postdoctorate Marie Curie International Outgoing Fellow at the University of Chile, Santiago de Chile and at the Unit for Social and Community Psychiatry, Queen Mary University of London in the UK, WHO Collaborating Centre for Mental Health Services Development. Since 2014, I hold the Habilitation to lecture Psychiatry at the Charité Universitätsmedizin Berlin, Germany. My research focuses on the mental health of prison populations, mental health service development and the prevention of substance use disorders. Since 2015, I am Professor of Psychiatry at the Medical Faculty of the Universidad Diego Portales and at the Medical Faculty of the Universidad de Chile, in Santiago, Chile.

Abstract: Conference Abstract RCP

Comorbid mental health problems of incarcerated populations in Chile

Mental health problems are highly prevalent in prison populations and typically estimated as the prevalence of single disorder categories. However, comorbidity is commonly present. There are different forms to assess comorbidity among prison populations: The mean or median number of disorders present at a single time are often presented. Latent class analysis identified groups of disorders that form spectra of psychopathology (i.e. externalizing, internalizing and undifferentiated) at intake to prison in

Santiago, Chile. Network analyses were used to assess whether and how closely diagnoses were related with each other. The central role of borderline personality disorder emerged. Furthermore, specific combinations of disorders that have relevance for practice, such as dual disorders. We identified a triad that may be particularly relevant for treatment and prognosis: the comorbidity of serious mental illness, substance use disorder and personality disorder, present in 32% of the people at intake to prison in Greater Santiago, Chile.

15:20-16:20 Session 5: New Research Presentations and Medical Student Essays

Chair: Professor Pamela Taylor, Professor of Forensic Psychiatry, Cardiff University

Medical Student Essays

The relationship between post-traumatic stress disorder and psychotic disorders

Victoria Yang

Biography: Victoria Yang recently graduated from King's College London and is currently an FY1 at Hillingdon Hospital in West London.

Abstract: The experience of traumatic life events and incidence of post-traumatic stress disorder (PTSD) are over-represented in patients with severe mental illnesses, with psychosis as a common co-morbid symptom. The relationship between PTSD and psychotic disorders is complex and multifactorial with many proposed pathways. Cohort studies have demonstrated overlaps in genetic susceptibility to both conditions. PTSD may be precipitated by psychosis, given the traumatic nature of psychotic symptoms and of involuntary treatment experiences. Patients with psychosis are highly vulnerable to violence and harm from others, which may put them at increased risk of trauma and PTSD. Conversely, psychosis may be precipitated by PTSD as a dimension of its dissociative symptoms, or by traumatic experiences themselves which results in co-morbidity. PTSD and re-traumatisation may also act as stressors which worsen the course of a psychotic disorder, producing increased risk and poorer prognosis in co-morbid patients.

Battered woman syndrome in women who kill their abusing partner: a study in medical jurisprudence

Sharmilaa Lagunathan

The over-representation of ADHD in the prison population

Devon Ward

Abstract: Over-Representation of ADHD in the Prison Population

The aim of this essay was to explore the link between ADHD and crime and to provide some explanations as to why that link may exist. The proportion of ADHD in the general population is 2.5% compared to a staggering 26% in the prison population, suggesting there must be a link between the two. In particular, the hyperactive-

impulsive subtype of ADHD was more likely to commit crimes than both the combined subtype, inattentive subtype and general population, due to committing more impulsive crimes and lack of planning to avoid CCTV. Individuals with ADHD were significantly more likely to be convicted of theft offences and violence towards a person crime than the general population. Psychiatric comorbidity is very common in ADHD, and conditions independently associated with crime, such as substance misuse disorder and antisocial personality disorder, could be an added risk factor for criminality in the ADHD population. To conclude, it is suggested that improved treatment implemented at an early stage may help to reduce crimes in this population.

New Research Presentations

Reporting of unwanted events in evaluations of psychological and psychosocial interventions with forensic patients: a systematic review of current practice

Dr Lindsey Gilling McIntosh, Post-doctoral Research Fellow, University of Edinburgh

Biography: Dr Lindsey Gilling McIntosh is a postdoctoral research fellow in forensic psychiatry at the University of Edinburgh. Her current research programme is a joint initiative between the University of Edinburgh and Scotland's State Hospital, which examines clinical decision-making by forensic practitioners through the lens of the evidence-based practice movement and aims to improve recovery outcomes for forensic patients. Lindsey is a psychologist to academic and research background, with recently completed work evaluating evidence-based psychological practice and critically examining the evidence relating to the effectiveness of psychological therapies in forensic inpatient settings. Prior to her current role she worked as a researcher in the State Hospital's psychological therapies service, and with the Forensic Mental Health Services Managed Care Network.

Abstract: Psychological treatment cannot be simultaneously helpful and harmless. 'Unwanted events' including negative treatment effects, from brief and mild side effects, clinical deterioration and even lasting harm, do occur during interventions which are considered beneficial overall or for most patients. A systematic review was undertaken describing current practice in reporting of the measurement and occurrence of unwanted events from evaluations of psychological interventions delivered in forensic mental health settings. Thirty-two controlled studies were included. Reports from only three studies (9%) indicated that potential unwanted events were monitored by researchers during the study. While it was rare for studies to acknowledge and measure potential unwanted events, undesirable outcomes were noted to occur with greater frequency. Rarely were unwanted events recognised in reporting as potentially the effect of the treatment delivered. The findings highlight a need for radical change in approach to outcome measurement and reporting in psychological therapies in forensic settings.

Exploring the effects of early trauma in a forensic high secure population: evaluating associations between adverse childhood experiences and diagnosis of antisocial personality disorder

Dr Emma McPhail, ST5, Derbyshire NHS Foundation Trust

Biography: Emma McPhail graduated from the University of Birmingham in 2015. She is a Specialist Registrar Year 5 in Forensic Psychiatry in the East Midlands. In her current role, she works in a low secure hospital and a community forensic team in Derbyshire. She has experience of working in medium and high secure forensic services, in addition to prison in-reach services. She is working towards a LLM in Healthcare Ethics and Law. Dr McPhail is a member of the RCPsych Psychiatric Trainees Committee, representing the Trent Division. As part of this role, she also currently sits on the RCPsych Trent Executive Committee and the RCPsych Special Committee on Human Rights. Dr McPhail has a keen interest in service quality improvement and teaching.

Abstract: Adverse childhood experiences (ACEs) impact significantly on personality development and future risk. Currently, research into links between distinct ACE categories and diagnosis of antisocial personality disorder (ASPD) in the high-secure inpatient population is limited.

This project evaluates the link between ACEs and ASPD by reviewing a sample of 221 inpatients from a UK high-secure hospital. Medical records were examined for evidence of childhood abuse/neglect and household dysfunction. The statistical relationship between each ACE category and subsequent diagnosis of ASPD was examined.

Significant associations with adult ASPD were seen in ACE categories of childhood physical abuse, sexual abuse, divorced/separated parents, parental substance misuse, total number of ACE categories overall, in addition to Looked After Child status.

There is a significant association between specific ACEs and adult ASPD. The importance of detailed exploration of childhood circumstances in this group is highlighted, as well as the need for further investigation of the psychological and social mechanisms underlying.

Development of a new outcome measure for forensic mental health services

Dr Howard Ryland, NIHR Doctoral Research Fellow

Biography: Dr. Howard Ryland is a Senior Clinical Researcher at the Department of Psychiatry, University of Oxford and an Honorary Consultant Forensic Psychiatrist at Oxford Health NHS Foundation Trust. He recently completed his DPhil (PhD) at the University of Oxford, which focused on improving our understanding of outcome measurement in forensic mental health services. He is currently undertaking an NIHR funded Development and Skills Enhancement award to gain experience in clinical trials. More information is available here <https://www.psych.ox.ac.uk/team/howard-ryland>

Abstract: Measuring outcomes of forensic mental health services is important to safeguard patients and the public, monitor progress and develop treatment plans. Little is known about which outcomes are most important and existing measures have had limited patient input into their design, demonstrate variable psychometric properties, and are often not well liked by clinicians. Patients, carers and professionals from forensic mental health services were interviewed and took part in focus groups to identify which outcomes were important to them. Forty-two outcomes were identified in the six domains of 'about me, my quality of life, my health, my safety and risk, my life skills and my pathway'. These outcomes were then prioritised by asking patients, carers and professionals to rate their importance through a Delphi process. Eight of the top fifteen outcomes were shared between patients/carers and professionals. A new instrument for measuring outcomes in forensic mental health services was then developed, called the FORensic oUtcome Measure (FORUM), with complementary patient and clinician reported questionnaires. Patients and their clinical teams at a regional forensic psychiatric service then completed the FORUM. Patients and clinicians also provided feedback on the questionnaires. In a group of 62 patients and 35 clinicians encouraging evidence was found that the FORUM is a valid and reliable way of measuring outcomes. Feedback from both patients and clinicians indicate that the FORUM is easy to use, comprehensive and relevant. These results indicate that the FORUM is a promising new instrument to measure outcomes in forensic mental health services.

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