

# iForensic



Faculty of Forensic Psychiatry Newsletter  
Spring 2021

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# Welcome

## News from the Faculty Chair

by

Dr Josanne Holloway

Chair of the Forensic Psychiatry Faculty



It's that time of the year again, Spring e-newsletter time, and we hope time for some changes we can sustain for longer than we did last time. The importance of getting vaccinated, washing hands, wearing masks where we need to, keeping appropriate distance and socialising out in the open whenever possible remain. Being able to meet and socialise safely with family and friends will be lovely though and I am hopeful we have learnt the lessons of how to sustain a low infection rate.

The Faculty is saying goodbye to Stella Galea, our Faculty and Committee Manager, who is having her well-earned retirement. Stella has supported the Faculty since 2012 when I was the Finance Officer of the Faculty so it feels like Stella has been here with me (and everyone else) every step of the way. She has been the backbone to the success of the Faculty. Ensuring we keep on track, complete tasks and initiatives and it has been a joy to work with her. We wish her well and we will all miss her greatly.

Stella has left us in a good shape and left us in good hands. I would like to introduce Stephanie Whitehead who will be supporting the Faculty until a permanent replacement for Stella takes up post. A very warm welcome to Stephanie.

I would like to thank Pamela Taylor who co-ordinated the Faculty contribution to the College response to the Mental Health Act white paper. Pamela skilfully knit all our views into a comprehensive response and it is pleasing to see that we and our service users and carers made a significant contribution to the college response. Some of the issues we commented on included the following.

We supported the drive to increased choice and support for patients detained under the act but also wanted to ensure that carers are not marginalised by any changes implemented.

We supported the focus on increased autonomy for patients but did not agree with different detention criteria for patients detained under different parts of the Act.

We were very conscious of the current recruitment difficulties in some areas of the country and were concerned that a number of the recommendations unless associated with an increased workforce would have significant adverse unintended consequences.

We welcomed the focus on learning disability and autism but had concerns that removing autism and LD from the Act may exacerbate rather than alleviate the historical issues of poor care for some people in these groups.

We supported the focus on provision of effective care and treatment but were not convinced that the Mental Health Act (rather than the Code of Practice) would be the better way to achieve this.

We welcomed the focus on collaborative working between the Responsible Clinician, clinical team and detained individual but had concerns that the tone and language used in the white paper may give the impression that clinical teams and in particular Responsible Clinicians deliberately did not act in the patients best interest when making individuals subject to the Act and that they required significant and consistent scrutiny to provide care for patients once admitted. We highlighted the difficult task Responsible Clinicians have of balancing safeguarding individuals while attempting to provide safe care with limited resources in the least restrictive environment.

Supporting equity and appropriate care for mentally disordered offenders released from custody is one of my priorities and I have the support and will be working collaboratively with other faculties to improve the mental health care of released prisoners. Another related priority is to continue the work to increase awareness of therapeutic alternatives to custody for mentally disordered offenders and this is one of the areas and themes that we may well pick up for our next annual meeting following on from this year's success.

As always, please feel free to contact me through Stephanie Whitehead ([stephanie.whitehead@rcpsych.ac.uk](mailto:stephanie.whitehead@rcpsych.ac.uk)) with any issues you would like the Faculty to consider.

Have a safe Spring and Summer.

# Legal Update

Dr Richard Latham, Consultant Forensic Psychiatrist, South London and Maudsley NHS Trust



Legal Update

There are two cases and a report this time. The two cases share a theme of removal of people to another country. Julian Assange will be familiar, and this judgement makes for good reading unlike “those bloody books”.

Whilst the issue in Julian Assange’s case was extradition, the other case concerns deportation of people with mental disorder who have offended.

The final recommendation is a report on the management of miscarriages of justice. This is the result of an extensive review of the Criminal Cases Review Commission and worthy of your time.

## **The Government of the United States of America v Julian Paul Assange [2021] EW Misc 1**

**Read it** if you want to know who referred to DSM and ICD as “those bloody books”

### What was the issue?

A request for extradition to the United States was made on 20 July 2020. The extradition proceedings were held at Westminster Magistrates’ Court. The extensive psychiatric evidence related to section 91 of The Extradition Act 2003 and whether his mental condition would make it unjust or oppressive to extradite him. The issue was (and almost always is in these cases) considered in the context of whether there was “a substantial risk that he will commit suicide” and whether that risk was linked to the extradition. This has been expanded on and explained as meaning that “it removed his capacity to resist the impulse to commit suicide”. The consequence of this ‘test’ being satisfied is that that the risk of dying would be because of his mental condition and not his own, voluntary act. This would then be oppressive.

### What was the upshot?

It was decided that it would be oppressive to extradite Mr Assange because of his risk of suicide. And as for those bloody books .... you’ll just have to read the judgement.

## **MZ (Hospital order: whether a 'foreign criminal') Pakistan [2020] UKUT 225 (IAC)**

**Read it** if you're interested in the deportation of foreign criminals with mental disorder

### What was the issue?

A man born in Pakistan who came to the UK aged 11 later caused an injury to his cousin with a knife. He was found unfit to plead but to have done the act and made subject of a hospital order with restrictions. He had moderate learning disability and schizoaffective disorder. He was later served with a deportation decision and appealed on the basis that he was not a foreign criminal under section 117C of the Nationality, Immigration and Asylum Act 2002 and on the basis of his Article 8 right to a private life.

### What was the upshot?

The Upper Tribunal found that since he had been unfit to plead and had not been convicted of an offence he was not a foreign criminal and could not be deported on that basis. Furthermore he was not subject to the Immigration Rules and there were very significant obstacles to his reintegration in Pakistan. He required 24-hour care and supervision in supported living and he would be at risk of exploitation with no-one willing or able to take responsibility for his care in Pakistan. On the basis of his Article 8 right to private life, he satisfied the rules for grant of leave to remain.

## **In the Interests of Justice. An Inquiry into the Criminal Cases Review Commission by The Westminster Commission on Miscarriages of Justice (2021)**

**Read it** if you would like an excellent summary of the work, strengths and weaknesses of the CCRC

This report was launched in March 2021 and describes the Criminal Cases Review Commission (CCRC) and their relationship with the appellate courts in England, Wales & Northern Ireland. The report examines the structures, resources, statutory framework and approach as well as the wider criminal justice context. The authors recommend a new test for the CCRC. As it stands currently, the CCRC can refer cases to the Criminal Division of the Court of Appeal if it considered there is 'a real possibility' of success at appeal. The recommendation is that there should be referral if 'it considers the conviction may be unsafe, the sentence may be manifestly excessive or wrong in law, or that it is in the interests of justice to make a referral'.

# Medical Student Symposium Faculty Forensic Psychiatry Annual Conference 2021

by

Dr Aideen O'Halloran Consultant Forensic Psychiatrist, London  
Beth Mitchell, Medical Student, Dundee  
Elena Taylor, Medical Student, Oxford  
Poppy McInnes, Medical Student, Kings College London

We held our first zoom medical student plenary symposium this year, building on the success we have achieved to support the Choose Psychiatry Campaign.

The essay competition was judged by colleagues from the Forensic executive including Drs Mayura Desphande, Liam Dodge, Marc Lyall, Trevor Broughton, Elizabeth Masterson, Pratish Thakkar and myself. Thank you everyone for your valuable contribution.

The winning essay **Ethical Considerations and Political Abuse Within Forensic Psychiatry** was submitted by Beth Mitchell from Dundee Medical School. Beth summarised her experience:

*"I thoroughly enjoyed writing my essay in which I wanted to explore how we can justify the powers that psychiatrists have at an ethical level, as well as where that power is derived from, and the dangers this can pose if it is misused. Although the essay may at times appear critical of the specialty, I tried to question and challenge all aspects of practice, an approach this essay helped me to develop and which I hope will remain with me as I grow into my own practice. I came away from the conference, which shed light on previously unfamiliar perspectives and areas of medicine, with many more questions than answers. I have found that many of the issues I briefly explored in my essay and that were discussed at the conference confronting me unexpectedly in everyday life, for example, in the new Britney Spears documentary where they dealt with the complexities, and potential abuses, in fitness to be tried. The experience of writing an essay through to presenting these ideas at a national conference has been invaluable in maturing my critical thinking and I thank the college for these opportunities, and for listening to my thoughts."*

Beth's contribution made me reflect on the need for a solid ethical foundation to our training and lifelong CPD.



In second place was Elena Taylor, University of Oxford, with her essay **Is the prohibitive stance on sex and relationships in the UK Forensic System justifiable?** Elena reflected:

*"I wrote and presented an essay on whether the generally prohibitive stance of the UK inpatient forensic system on sex and relationships is a justifiable exception to article 8 of the European Convention on Human Rights - the right to 'respect to his private and family life'. Key justifications of this stance are that it is necessary to protect inpatients against sexual or physical abuse, STIs, pregnancies, or deterioration in mental health due to relationship breakdowns. However, I came away from my reading feeling that it does not take into account the fact that for many inpatients, such relationships may not harm them and could have a multitude of positive impacts on their mental health, future sexual practices, and stability outside the unit, whereas several years under a prohibitive sex and relationships policy could cause irrevocable damage in these areas. Of course, there would be considerable practical barriers to permitting some sexual activity on a unit. However, in a system which extensively risk assesses every individual's activities, I felt that national guidance on individual risk assessments could lay the foundations for the fair evaluation of access to this fundamental human right. It was fantastic to attend and share my thoughts at the conference, and I especially appreciated hearing the opinions and experiences of forensic psychiatrists relating to sex and relationships in the forensic system."*

I hope that Elena's talk will reinvigorate considerations of how we safely support relationships in secure settings.





In third place was Poppy MacInnes, Kings College Medical School, with **Violence and Mental Illness: What is the link between violence and mental illness? Does mental illness cause violence or is it only associated with violence?** Poppy summarised her views:

*"I chose this very broad subject at the heart of forensic psychiatry for my essay. The main questions I explored were whether there is a link between violence and mental illness when controlling for substance abuse, and whether common mental illnesses increased the risk of violence in the same way as serious mental illnesses. I also discussed what effect antipsychotics and antidepressants had on risk level, and which symptoms increased the risk of violence other than the commonly described persecutory delusions. Overall, I found that even though patients with mental illness are much more likely to be victims of violence, there is a clear connection between violence and mental illness. It was a fantastic experience to take part in the student essay event. I really enjoyed meeting the other students and learning about their essays, and I hope that we will stay in touch as we begin our medical careers".*

Poppy's review of CMDs, alcohol and violence gave me pause for thought on the role forensic psychiatry in public mental health.

We are grateful to Prof. Pamela Taylor and Prof. Andrew Forrester for their support of the medical student symposia.

# Deaf Inside

by

Dr GS Kaler, Consultant Forensic Psychiatrist, Rampton Hospital

## Who We Are

The National High Secure Deaf Service at Rampton Hospital provides inpatient assessment, treatment and rehabilitation for D/deaf\* males living with a range of difficulties including complex responses to trauma, mental health difficulties and/or learning disabilities. In 2011, the Deaf Prison In-Reach Service (DPRIS) was established in conjunction with Yorkshire Specialist Commissioning Group and Nottinghamshire NHS Trust aiming to provide specialist support to D/deaf prisoners.

\* 'D' = Deafness as a culture, 'd' = deafness as a medical disability.

## Background

Hearing loss affects 1 in 6 people across the UK with approximately 900,000 experiencing severe/profound deafness. Woodward (1972) described D/deafness as a continuum encompassing two perspectives; medical and cultural. This is useful to consider when working with D/deafness as it encapsulates how differently the D/deaf community can perceive themselves and how they can be perceived by others.

Research states that 90% of D/deaf children are born to hearing parents with statistics estimating under 10% of parents are fluent in sign language. Language deprivation can contribute to socio-emotional developmental delays, identity confusion and increased likelihood of experiencing mental health difficulties in later life, almost twice as much as the general population. Similarly, it has been documented within mainstream literature that social isolation and a lack of meaningful occupation can contribute to deteriorating mental health. These difficulties are exacerbated within the D/deaf community when trying to live in a predominantly 'hearing world'. D/deaf individuals within hearing institutions including hospitals or prisons are at an increased likelihood of experiencing mental health deteriorations due to increased social isolation because of communication barriers and a lack of available or accessible occupational activities.

Despite some improvements, specialist knowledge and communication support for the D/deaf community remains sparse throughout the UK meaning D/deaf people within the Criminal Justice System (CJS) lack equal opportunities to engage in risk reduction work. This was highlighted in reports by the Howard League for Penal Reform and the British Deaf Association (BDA) which recommended various changes to ensure alignment with the Equality Act (2010). The reports also

recommended enhanced communication between prisons to share examples of good practice, offering consistent experiences for D/deaf prisoners. Despite these recommendations, anecdotal information suggests these are still not being met.

## **Aim**

The team evaluated the service to raise awareness of the specific needs of D/deaf prisoners by identifying and describing characteristics, demographics, trends and patterns within existing data as well as highlighting the nature of offences, prevalence of trauma and length of time over tariff. A secondary aim was to identify areas for development to adequately meet the needs of D/deaf prisoners.

## **Outcomes**

After reviewing data for 29 prisoners (female = 3, male = 26), the most common source of support offered by the DPRIS was signposting (over 50%), followed by direct individual work (with nursing or psychology), assessment and consultancy.

Since 2011, the DPRIS has assessed 30 individuals and completed over 717 prison visits for assessments and interventions. Whilst this has been acknowledged as a small number, it has been attributed to the difficulties locating D/deaf prisoners and lack of awareness regarding the DPRIS. Currently, referrals to the DPRIS come from prison healthcare staff, but this fails to address the wider specialist needs of this population: basic communication needs, occupational needs and risk reduction work. It also excludes individuals unknown to healthcare.

Direct engagement with the DPRIS included: focussed risk reduction work, anger management, mental health monitoring, and 1:1 psychology work. Prior to involvement from the DPRIS, five individuals declined to engage in prison therapy. With support from the DPRIS, two were transferred to more appropriate placements, one was recommended for transfer (not transferred) and one received mental health monitoring (nursing). One continued to decline which could be attributed to potential (lack of) motivation/readiness.

This evaluation supports the need for specialist interventions to ensure equitable access to recovery and rehabilitation.

## **What Next?**

It is hoped that the unique needs of this population will be communicated amongst professionals and steps will be made to address these as previously recommended in reports from the BDA (2016) and the Howard League.

These outcomes will be used to raise awareness of the difficulties faced by D/deaf prisoners and provide opportunities for reflection regarding the need for accessible and culturally appropriate assessments and interventions. Additionally, we hope that it will open doors for working collaboratively with prison colleagues to support D/deaf prisoners in a way that best meets their needs.

DISCLAIMER: This evaluation has been submitted for publication.

For further DPIRS information, contact [Gurpreet.Kaler@nottshc.nhs.uk](mailto:Gurpreet.Kaler@nottshc.nhs.uk)

# CoroNerve Surveillance Study

The CoroNerve Studies Group wishes to thank everyone who have submitted cases to the CoroNerve surveillance study which is assessing COVID-19-associated neurological and psychiatric conditions.

Case data already submitted to the study have led to a publication in Lancet Psychiatry and a new Case Report Form manuscript which is currently under review. All those who have submitted cases are cited and searchable by name in PubMed as members of the CoroNerve Studies Group.

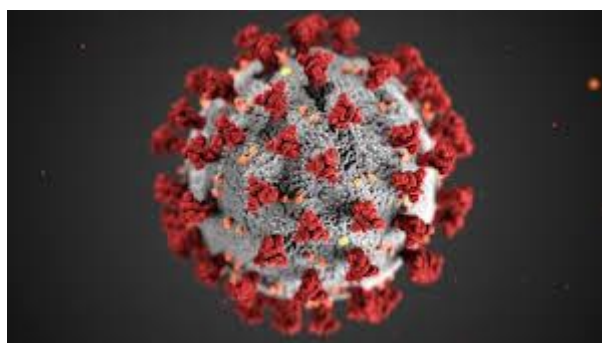
This near real-time surveillance platform is more important than ever and members are encouraged to continue reporting cases.

The recently updated survey is now capturing details of potential psychiatric and neuropsychiatric (as well as neurological) complications resulting from the SARS-CoV-2 vaccine in addition to COVID-19.

The survey only takes a few minutes to complete and is critical to building knowledge and research in this important field.

If you take part, you'll be invited to fill in a more detailed Case Report Form with full clinical details which will take approximately 20-30 minutes to complete.

[CoroNerve surveillance survey | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/coronerve)



# Contributions Welcome

Thank you to the contributors of this edition.

We would welcome contributions for the next e-newsletter by Friday 30 July 2021.

The newsletter is a means to keep you informed and updated on relevant topics and the Faculty of Forensic psychiatry's work.

If you would like to share your experiences in your area or write in the newsletter, please contact the iForensic Newsletter team:

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