

# iForensic



Faculty of Forensic Psychiatry Newsletter  
Spring 2019

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# Welcome

## Introduction to the Faculty of Forensic Psychiatry Newsletter

by

Prof. Pamela Taylor

Chair of the Forensic Psychiatry Faculty

Welcome to the new newsletter! Enormous thanks to Nat Rowe, Helen Whitworth and Ruairi Page for reviving it. We want to be more in touch with what you want - and to let you know what we are trying to do.

We worry that we are not always in good enough contact with Faculty members. Regional reps are invited to every Faculty exec day – but some never come. We do wonder why this is, but we know it certainly isn't because you are idle! Are things so good that you don't feel a need? Are you so oppressed by your work load that you can't get out? Either way, Nat, Helen and Ruairi are going to try and make a newsletter feature about each region in turn so that we can learn more from each other.

The College has invested in improving communications with members, and with anyone who can help us deliver better services. You may have seen the new College website. On this, we'd like to ask two things of you. First, please tell College staff how you find it. Secondly, please tell us what you would like to see in the Forensic Psychiatry Faculty section. Peter Markham, behind much of this development, and Olivia Clark, from the College communications team, will both be at the Vienna conference – so please chat with them. They'll be happy to receive emails too if you are not in Vienna or prefer that method anyway.

We hope those of you who are coming to Vienna get lots out of it. It was a blow when Jenny Shaw, Deirdre MacManus and Nicola Swinson decided to step down from the conference programming. We are in their debt for years of inspired planning. In following them, Andrew Forrester has, though, already made an impact. For Vienna, we have an exciting mix of overseas and homegrown speakers, important new research, lots of established information and debate. We are particularly happy about the strong links with colleagues in Austria. Special thanks to Alexander Dvorak and Gerhard Ortwein-Swoboda for helping us with the programme and to Hans Schanda who will talk about some of his ground-breaking work on schizophrenia and violence.

Some of your Exec's work over the last year has been government imposed - we have worked hard with others in the College on proposals to reform mental health law for England and Wales and on actual changes to

mental capacity legislation going through parliament. The state of the prisons in England and Wales remains dire. Ministry of Justice figures released in January this year showed that death, self-harm and violence rates continue to rise. Several of us, especially Huw Stone and Steffan Davies, have given evidence to various parliamentary bodies and individuals on the extent to which the 2013 prison staff cuts affected prisoners and our attempts to work with them in the adult estate. Heidi Hales has campaigned on ending the solitary confinement of young prisoners. We have emphasised the importance of keeping people out of prison where possible, and, working across Faculties in the College and with the test bed development initiative for community treatment orders, are beginning to see some results. New funding is in the NHS long term plan for England for psychiatrists and other clinicians to run Mental Health Treatment Requirements in conjunction with Probation.

Do look at Prison Mental Health in Northern Ireland (CR219) and Personality Disorder in Scotland (CR214) reports.

Finally, our future. The College's 'Choose Psychiatry' campaign is producing results – more people are coming into psychiatry training. *Our* task is to recruit and retain the best into forensic psychiatry. The GMC review of all training curricula affects us too. Now is the moment if you have ideas about making the forensic psychiatry curriculum more attractive and relevant – speak to Tom Clark.

So, lots going on for us all. Do tell us of more – and write for the newsletter. In the meantime, enjoy this issue.

Pamela



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# Legal Update

by

Dr Richard Latham

Consultant Forensic Psychiatrist, South London and Maudsley NHS Trust



This column will try and guide you away from lawlessness with a quick reference to three recent cases that might help with your work, reawaken some dormant interest in law or just give you a name to drop when making a long, self-indulgent point at your next academic meeting. This is not legal advice or interpretation but introduction and inspiration.

## **SSJ v MM [2018] UKSC 60**

***Read it if*** you're a forensic psychiatrist

What was the issue?

The case concerned a patient seeking discharge from section 37/41. He was asking for discharge but to a situation that would, objectively, be a deprivation of liberty. He had capacity and consented to this, because he wanted to be discharged. He would, if discharged, have been subject to fewer restrictions than in hospital.

What was the upshot?

Conditions cannot be made which would result in detention or a deprivation of liberty.

## **R v Taj [2018] EWCA Crim 1743**

**Read it if** you're interested in mental disorder defences

### What was the issue?

The case concerned a man convicted of attempted murder. He believed (falsely) that the victim was a terrorist intending to detonate a bomb and so attacked him. He was diagnosed with drug induced psychosis. He argued that this was a case of self-defence. He also argued that he was not intoxicated because intoxication required there to be alcohol or drugs active in his system and there was no evidence to suggest this.

### What was the upshot?

In this case, the immediate or proximate effects of drugs or alcohol (substance-induced psychosis) was given roughly equivalent status (in law) to intoxication; neither should be a defence. Long-term mental illness precipitated by alcohol or drug misuse was considered as a different legal entity. The question of self-defence was dismissed by referring to a previous case where the issue of whether a deluded person could set the standards of reasonableness was considered: "It makes... little sense to talk of the reasonable lunatic."

## **Griffiths v Chief Constable of Suffolk [2018] EWHC 2538 (QB)**

**Read it if** you're interested in a legal analysis of expected standards for mental health act assessments and the duty to warn third parties

### What was the issue?

The case concerned a civil claim against an NHS trust and Suffolk Police. The mother of the claimants was killed by a man who, shortly before the killing had been assessed under the MHA and not admitted to hospital. The claim related to the assessment being flawed and a second issue that the victim should have been warned that the man concerned was a danger to her.

### What was the upshot?

The NHS Trust was not found to have acted negligently in conducting the assessment and they had no duty to warn the relevant victim or the police. The duty to warn was related to the connection between the Trust and the victim. There was insufficient connection (or proximity) in this case for there to have been a duty of care to the victim.

# European discussions about mental health

By Dr Callum Ross

Consultant Forensic Psychiatrist and Clinical Lead for Personality Disorder  
Broadmoor Hospital

As part of the European Parliament's mental health initiative, "Mind Matters", Dr Callum Ross and Dr Estelle Moore (see picture below) presented a talk on mindfulness in the European Parliament, Luxembourg. Their talk - "Taking Care of Broken Minds" - included a brief history of Broadmoor Hospital and its current role in the NHS programme for rehabilitating mentally disordered offenders, as well as the effects of trauma on the human brain and how mindfulness and meditation can help deal with psychological trauma and damage. It also comprised a practical exercise in mindfulness. The talk took place in the hemicycle of the Robert Schuman Building, Luxembourg. This chamber has witnessed many historically important debates and plenary sittings. The talk was broadcast live via videolink to the European Parliament in Strasbourg and Brussels, as well as the information offices of the 28 EU members.



The information and experience shared by Dr Ross and Dr Moore were well-received by an attentive audience that included staff members of the European Parliament's medical unit. In the words of Martin Weber, director at the European Court of Auditors and a member of the audience: "In challenging times like these, mindfulness is an important reminder of the validity of compassion and empathy in institutional leadership."

Callum and Estelle are indebted to Jürgen Schmid (Social Worker, European Parliament Directorate-General for Personnel) and Dr Alexander Baumgärtel (Head of Unit, Medical Officer) for their personal invitation to come to Luxembourg to speak.

## Faculty twitter!

The Forensic Faculty has launched a Twitter page! If you're a tweeter yourself, please give @rcpsychForensic a follow for essential faculty news, conference updates and important College updates.

## Ghent Group – Bursary to attend Seeon Seminar

Professor Taylor would like to draw your attention to Faculty bursary available for Faculty members who are UK specialty registrars in forensic psychiatry or UK consultants in forensic psychiatry to attend the next European Seeon seminar. The seminar will be held in the University of Munich psychiatric hospital and Kloster Seeon on 5-9 August 2019. This has been arranged by the Ghent group, a European wide group of Forensic psychiatrists who are interested in the differences and similarities of training in forensic psychiatry across European countries (<http://ghentgroup.eu/>). The seminar will be focussed on sex and forensic psychiatry, and how healthy sexual behaviours can be supported in closed institutions. There are a variety of trainers from across Europe, and the seminar is aimed at consultants and experienced trainees. If you are interested in applying for the bursary further information is available on the [Faculty website](#).

For further information about the seminar please visit the Ghent group website or contact:

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Save the date also for the Ghent Group annual conference in Siena 19-21<sup>st</sup> September, organised this year by Dr Simone Traverso and Professor Giovanni Traverso.



# Update on Curriculum Development

by

Dr Tom Clark

Consultant Forensic Psychiatrist, Reaside Clinic  
SAC Chair, Forensic Faculty

Many Faculty members will be aware that the College educational committees are currently frantically working to revise the psychiatric curricula. In 2017 the GMC published Excellence by Design, a new set of standards for postgraduate curricula. Following this, the curricula for all 65 medical specialties and 32 subspecialties must be revised accordingly and the process should be complete by the end of 2020.

Some of the key issues to be addressed in this re-design are to embed Good Medical Practice, the Generic Professional Capabilities framework and the principles of the Shape of Training Review. So the new curricula will need to produce more rounded doctors with broad clinical and non-clinical skills, and an ability to work in a range of healthcare settings and within multidisciplinary teams. Much of this is already central to psychiatric training and practice, perhaps more so than for some medical specialties.



One important driver for this change is to simplify postgraduate training and perhaps reduce the number of medical specialties with approved curricula. A key priority for the College is to maintain the current 6 CCT structure for psychiatry. To this end, it is very important to distinguish the different psychiatric specialties clearly.

After much discussion, the College has decided to develop 7 separate curricula: one for core training and for each of the six established psychiatric specialties. The approval process has two stages: firstly, a curriculum purpose statement must be submitted to the **Curriculum Oversight Group**. The purpose statement sets out the objectives of the curriculum, demonstrates how it will satisfy the key issues across all areas of the UK, and sets out the higher learning outcomes. Secondly, the full curriculum, including assessments, key capabilities and expected learning outcomes is submitted to the **Curriculum Advisory Group**. The CAG formally approves the curriculum.

It is worth noting the change from a curriculum based on developing competencies, to one based on capabilities. Capabilities are broader than competencies. For example, a person might be trained to be competent to drive a small, right hand drive car on UK roads in good weather. Somebody with the related capability would be able to drive manual or automatic vehicles of a range of sizes, on different road systems and in varying conditions. Our curriculum will specify the key capabilities that a forensic psychiatrist must attain, and underpinning those will be more specific expected learning outcomes which will define how a trainee might demonstrate that they have attained those capabilities.

We are working on the core psychiatric curriculum first. The COG application is due to be made in March and the CAG application in October 2019. We will shortly be starting work on the purpose statement for forensic psychiatry, which will be submitted in October 2019, followed by the full CAG application in June 2020.



# Training in forensic psychiatry

Never a dull moment

By

Dr Ruairi Page

ST5 in forensic psychiatry  
The Hatherton Centre

Prior to commencing higher training, I gained experience in FCAMHS and in a male MSU, posts which solidified my desire to choose a career in forensic psychiatry. One thing I had not anticipated was the jump between being a core and higher trainee.

As a CT with a keen interest in forensic psychiatry, I thought I had a good knowledge of forensic psychiatry. That was until the step up to specialist training revealed much more of what was in store for my future career.

Experiencing the joys and challenges of mental health provision in prisons, custody assessments, court work, liaison with wider members of the criminal justice system and familiarising myself with part three of the Act... are only a few things that took me a long time to get my head around.

I don't think I truly appreciated the benefits of having a clinical supervisor until I found myself

bombarding my supervisor with endless questions and queries. It was like going back to school.

Our region has two main NHS forensic psychiatry providers: Birmingham and Solihull NHS Foundation Trust (BSMHFT) and Midlands Partnership NHS Foundation Trust (MPFT).



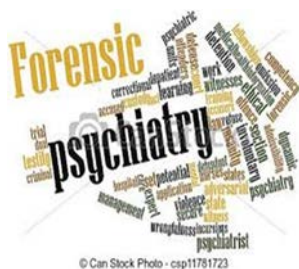
BSMHFT has 2 medium secure units; Reaside Clinic and the Tamarind Centre catering for male patients originating from Greater Birmingham, Coventry and Warwickshire and Hereford and Worcester. In addition, BSMHFT provides medium secure facilities for females and adolescents at Ardenleigh, and a male low secure facility at Hillis Lodge.

MPFT, meanwhile, provides medium secure beds for patients originating from Staffordshire, Shropshire and Wolverhampton at the Hatherton Centre and low secure beds for male patients at the Redwoods Centre.

Forensic psychiatry patients with an intellectual disability have access to medium secure beds at Janet Shaw Clinic, part of Coventry and Warwickshire

Partnership NHS Trust and low secure beds provided by MPFT at Ellesmere House.

The West Midlands has 12 forensic national training numbers (NTNs), two dual forensic general adult NTNs, one dual forensic psychotherapy NTN and a soon to be introduced NTN in forensic CAMHS.



In addition to the inpatient units mentioned above trainees have access to an inpatient personality disorder service and to working with FIRST teams (forensic intensive recovery support teams) for the repatriation of out of area patients.

We have a very supportive training programme director, who encourages trainees to take a proactive approach to training to widen our opportunities in the region, including giving trainees more autonomy in their training.

Forensic trainees in the West Midlands feel valued. We were supported in overhauling and leading our academic programme, which is innovative in its use of video-link facilities. This has recently extended to including international speakers all with the click of a few buttons... not to

mention our tremendous 2018 welcome by College President, Professor Burn.

One challenge for us Midlanders, is securing experience in high secure services. Geography means we are a couple of hours from the 3 high secure hospitals in England which can be a struggle, particularly for those with family commitments. Some colleagues opt for block placements, some attend a day a week over several months, whilst others opt for ad hoc experience, attending CPA meetings, conducting joint assessments with high secure colleagues and attending admissions panels. We are lucky in the West Midlands to have well established links with the high secure hospitals which helps trainees to address learning needs.

I must say, I have been very fortunate to have had such a positive experience so far in my higher training in forensic psychiatry. I would encourage core trainees to spend some time in forensic services or to speak to higher trainee colleagues, in the hope of enticing more trainees into the most interesting area of psychiatry!

This is what I did and I haven't looked back!

# Contributions welcome

Thank you to the  
contributors of this edition.

We would welcome  
contributions for the next  
e-newsletter, to be published  
in Summer 2019

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  
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