

iForensic



Faculty of Forensic Psychiatry Newsletter
Summer 2019

In this issue

3. News from the Faculty Chair
Prof. Pamela Taylor
5. Legal Update
Dr Richard Latham
8. RCPsych Library
9. Police-related mental health
triage interventions: a rapid
evidence synthesis
Sian Thomas
11. Training in East Midlands
Dr Fraz Hussain
14. Medical Student
Experience of the Faculty of
Forensic Psychiatry Annual
Conference 2019
Esme Beer
16. If you would like to
contribute next time...

Welcome

News from the Faculty Chair

by

Prof. Pamela Taylor

Chair of the Forensic Psychiatry Faculty



The annual conference in Vienna is now behind us. We had a record attendance, including many overseas colleagues. Our Austrian colleagues were stars, and some of us were privileged to visit their main treatment facility and hold a pre-conference workshop there.

Thank you to Michelle Braithwaite and her team for the tremendous work done long before the conference started – finding the venue, checking out the venue, getting the best deal – as well as pedalling away at the back there to make sure that everything runs so smoothly for us on the days.

This time, too, were able to use the good offices of communications and technical staff to live-stream some sessions and record short interviews with some of the keynote speakers – so those of you who couldn't make it to the conference can enjoy some of the sessions and news from it. If you haven't already - have a look and a listen:

<https://www.youtube.com/watch?v=Z1WcCUBqbzs>

<https://www.youtube.com/watch?v=x5rjzyX32Ak>

https://www.youtube.com/watch?v=u45ZBujq0_g

<https://www.youtube.com/watch?v=jR4kOd2s4v0>

The conference was eventful in unwanted ways too. One of our speakers was injured falling behind the platform. We wish her a speedy recovery. Two of the plenary speakers made remarks which offended many, subsequently taken up with them. One included a word which now has racist connotations in the UK. Far from intending to be racist, this

speaker was mortified to find it interpreted this way. He chose to leave before his second talk. In addition, some deeply offensive remarks were made by a delegate at one of the social events – this has been taken up formally through his College. I am so sorry about the disruption and hurt caused by these various issues. Luckily, we are forensic psychiatrists. What we do is to learn from bad stuff as well as good – and we will. Please be aware too that the College is launching guidance which will be distributed to speakers for all its future conferences and meetings. Your faculty executive has recommended that this be included in conference packs for all delegates too.

Please, if you have ideas and/or contributions for next year's conference in Liverpool, please contact Andrew Forrester c/o stella.galea@rcpsych.ac.uk as soon as possible, as next year's programme is already being drawn together.

Your executive continues to have plenty to do.

We are responding to the Sentencing Council for England and Wales consultation: *Overarching Principles: Sentencing Offenders with Mental Health Conditions or Disorders*.

We are also consulting on guidance to support the rights of victims of offenders with mental disorder who become our patients. While many of us have already been doing such work, the Victims' Commissioner for England and Wales published a report in 2018 [*Entitlements and experiences of victims of mentally disordered offenders*](#).

While this refers to England and Wales, it should encourage us all to review and optimise our practice in this respect. We are currently working with the Ministry of Justice Mental Health Unit to develop new guidance.

We continue to strive to get improvement in conditions for mental health service delivery in prisons, and for improved resourcing for alternatives to imprisonment for people with mental health problems who may be safely managed in the community. We are developing a College position statement on Mental Health Treatment Requirements.

The new curriculum for forensic psychiatry is under development – we will have a further major discussion on this in July – so would welcome your thoughts if you could please feed them in through stella.galea@rcpsych.ac.uk . This affects everyone in each jurisdiction and at all levels of training and experience!

There is so much else to tell you, but space limits me to one more issue in which we hope you will be involved. We have had a number of worrying reports about use of handcuffs when patients are going outside secure

hospital accommodation when clinicians judge they are not necessary for anyone's safety. Dr Agarwal and Dr Oluwabamise are about to conduct a survey on their current use and any local policies and procedures. They aim to contact one designated person in each region of England, Wales, Northern Ireland and Scotland for a short telephone interview about this – so please do all you can to help when they do so.

Enjoy the summer!

Professor Pamela Taylor

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.

R v Challen [2019] EWCA Crim 916

Read it if you are a forensic psychiatrist

What was the issue?

The case concerned the killing of a man by his partner - a woman who alleged she had been a victim of coercive control by the man she killed. Her partial defence of diminished responsibility was not accepted at trial. Her appeal against the conviction for Murder sought to include evidence from two experts in coercive control - which had not been available at trial. There was also new evidence about her mental disorder from a psychiatrist, with additional opinions on the interaction between coercive control and mental disorder (personality disorder and mood disorder).

What was the upshot?

The Court of Appeal quashed the conviction and a retrial was ordered. The Crown subsequently accepted a guilty plea to manslaughter.

Re A: [2019] EWCOP 2

Read it if you have patients using social media in a harmful way

What was the issue?

The case concerned A, a young man with intellectual disability and was considered in the Court of Protection. He used social media to share images and videos of his genitals with unknown men. He also searched compulsively for pornography, some of which was illegal. Amongst other things, his capacity to consent to the use of the Internet and social media was considered by the Court.

What was the upshot?

Capacity to engage in social media use for the purpose of contact should be treated as separate to other forms of contact. The 'relevant information' which must be understood etc. in determining capacity to consent to social media use is (in abbreviated form):

- Shared images can be shared more widely
- The possibility of using privacy and location settings
- The risk of causing upset or offence when placing images on social media sites
- People you meet online may not be who they say they are
- People you meet online may pose a risk, lie, harm or take advantage of you
- Looking at or sharing some images or messages may be a crime

R v Tunstill [2018] EWCA Crim 169

Read it if you're interested in updating your knowledge of infanticide.

What was the issue?

T was charged with the Murder of her newborn baby. She had an accepted diagnosis of Asperger's Syndrome. There was disputed psychiatric evidence about comorbid mental illness and the partial defence, diminished responsibility. She was convicted of Murder. The judge did not leave infanticide to the jury as an alternative verdict to Murder because the mental illness was pre-existing. It was argued, on appeal, that this was wrong because the birth had triggered an acute stress reaction which contributed to the killing. The decision hinged on the wording in the Infanticide Act, specifically: "(that the) balance of her mind was disturbed by reason of her not having fully recovered from the effect of giving birth to the child". The judgement concluded that "by reason of" should not be read as if it said, "solely by reason of" and that as long as the effect of the birth is an "operative or substantial cause" of the disturbance that should be sufficient.

What was the upshot?

A retrial was ordered and T was convicted of Murder again.

Dr Richard Latham

RCPsych Library



The College Library provides OpenAthens accounts to members, to help them support and develop their practice. The accounts allow access to a wide range of databases and journals and ebooks, specifically chosen for psychiatrists.

The collection is built completely on member recommendations, so if you cannot find something you need, just let us know.

Databases – the College provides access for members to Medline, PsychINFO and Embase.

Journals - Lancet Psychiatry, the American Journal of Psychiatry and European Psychiatry.

Books - We have a physical library and members are welcome to borrow books, which we will send out in the post for free. We also provide access to online versions of the **BNF** and the **Maudsley Prescribing Guidelines**.

For any articles not available through our own subscriptions, we offer inter-library loans, finding what you need in another library and sending it out to you by email.

We also offer a free and unlimited literature searching service for those who do not have the time or confidence to search through the medical databases. This can also be combined with training for anyone who wants to refresh their skills.

You can find all these resources on the College website:

www.rcpsych.ac.uk/library

Or get in touch with us directly:

infoservices@rcpsych.ac.uk
020 3701 2520
020 3701 2547

Police-related mental health triage interventions: a rapid evidence synthesis

by

Sian Thomas

Research Fellow, Centre for Reviews and Dissemination, University of York

On behalf of the York HS&DR Evidence Synthesis Centre

Police services increasingly receive emergency calls involving people in mental health crisis where no crime has been committed. Police officers have then to make decisions about how best to resolve such incidents. Police-related mental health triage (PRMHT) interventions typically involve mental health professionals supporting the police to direct people to appropriate services and avoid inappropriate interaction with the criminal justice system.

The Health Service & Delivery Research (HS&DR) Evidence Synthesis Centre based at CRD, University of York was commissioned by the National Institute of Health Research (NIHR) to conduct an evidence synthesis of the effects of PRMHT intervention models.

Summary of main findings

Police and mental health staff directly involved in delivering pilot PRMHT interventions in the UK gave the following views:

- In general, police staff appeared to value PRMHTs and both police and health staff noted an improvement in quality of care.
- Service user feedback was rare, though there was some suggestion that service users preferred to interact with mental health professionals than with police officers.
- There was uncertainty about how and when best to deploy mental health professionals to the scene of an incident.
- There was emphasis on the value of strong partnerships between police and health services, co-location of services and the value of having access to shared information.
- Roles, responsibilities and reciprocal arrangements need to be clearly defined between PRMHT services, Crisis Teams and other related health services.
- Immediate and consistent availability of mental health professional support was very important to police officers responding to mental

health related incidents, with immediacy sometimes seen as a key difference between PRMHT and Crisis teams.

Views about the feasibility and barriers to implementation of PRMHT models were also expressed.

We found little robust evidence on the effectiveness of PRMHT interventions. The limited evidence available suggested fewer formal detentions, higher hospital admission rates, increased likelihood of follow-up by secondary mental health services if patients are not admitted, and an increase in the use of health-based places of safety. However, these results were not entirely consistent.

There was conflicting evidence on the effects of PRMHT interventions on quality/timeliness of assessment, referral and treatment, access to services, demand for police resources and number of repeated contacts with individuals.

Several systematic reviews and recent studies have called for prospective, comprehensive and streamlined collection of a wider variety of data to adequately evaluate the impact of PRMHT interventions.

More detailed results can be found in our 4-page [Evidence Summary](#) or the [full report](#) is available on the NIHR HS&DR journal website.

Sian Thomas

Training in East Midlands

by

Dr Fraz Hussain

ST4 in forensic psychiatry

"For two hours in the place where hope was the rarest commodity. He lifted hearts and humanised souls like nothing I'd ever experienced. Watching him perform, just for us, the great unwanted reminded us that we were members of the human race."

This quote by the author Ernest Jones reflecting on a performance he saw when he was in prison is a powerful example of how seemingly simple acts of kindness and care, can profoundly affect those who receive it. It has stuck with me and goes to the nub of why I ended up pursuing a career in Forensic Psychiatry.

I was brought up a stone's throw away from a large prison. I recall its imposing walls and the local myths of the notorious prisoners inside. Daily for years I passed by its unwelcoming exterior on my way to school. It filled me with fear, excitement and awe. It was in this very prison I had some of my first experiences of Forensic Mental Health Service. I remember the first time I passed under the threshold of that old Victorian prison and went through the security procedures and

feeling uneasy. I recall being taken down a wing and thinking to myself how little natural light there was, how for granted I took the grey skies outdoor.

I had already committed to do psychiatry by this point, and one of my driving forces was that I wanted to be an advocate for patients who have no one to advocate for them. But it soon dawned on me that prisoners with mental health issues were even more disconnected from society than many of the patients I had met in General Adult Psychiatry. Their voices were lost in the disorientating environment of prison. So started my journey to higher training in Forensic Psychiatry.

I managed to secure a training post in the East Midlands and the welcome from day one couldn't have been better. The Training Programme Director was happy to field many of my questions and the key thing that he stressed was how flexible they were to mould the programme to the needs of the trainee. Within days of me accepting he had ensured I was added to the mailing list and soon my fellow trainees had also made me feel welcome.

The East Midlands covers a very large geographical catchment from Milton Keynes & Northampton in the South West, to Lincolnshire in the east. It has a large rural population as well as

the more diverse urban centres of Leicester, Nottingham and Derby.

The East Midlands Training Programme has about ten training posts* (the exact number is being revised). They have a very well-structured programme where in your first year (ST4) you are placed in a In-patient Medium Secure Unit (Arnold Lodge Leicester). Arnold Lodge is split between four services – Male Mental Illness, Male Personality Disorder Service, Women’s Service and one of three national WEMS Service – (Women’s Enhanced Medium Secure Service).



The second Year of Training (ST5) is usually at the Wells Road Centre in Nottingham, where trainees divide their time between Low Secure In-Patient and Community Forensic Services. However, to reflect the large catchment area placements are possible in Northampton or Derby. Trainees are not just sent but rather are actively involved in shaping their training in conjunction with their supervisors.

The final Year of Training (ST6) includes a placement at Rampton Hospital. Rampton is one three national High Secure Hospitals and care is provided by Nottinghamshire Healthcare NHS Trust – which also covers the Wells Road Centre and Arnold Lodge. Essentially it provides care across the Secure service spectra.



The East Midlands Forensic Training programme is excellent and very well supported. The step up to a ST doctor can be daunting, and in forensics the learning curve is much steeper than one anticipates. There is a whole new legal language to learn. But you are supported at every step of the way. My clinical supervisor (who deserves an award for showing me such patience) is readily available and keen to teach. But this ethos of teaching, and giving supervision extends to the whole of the Consultant body. You are made to feel a valued member of the team and can learn immensely from them.

The Trust has extremely good links with the local Universities and is at the forefront of Research in the forensic field. We also have

two excellent Medical Schools on our doorstep so there is ample opportunity to teach!



Forensic Psychiatry in general is unique in its ability to work at the cross section between health and law. Many people think it is predominantly to do with high profile crime. I soon realised it touches every facet of human experience, from the Family Courts, to the Coroner and Inquests, to a wider public protection role, to a more nuanced understanding that for true justice to be served the rights of the offender also need to be safeguarded such as ensuring they receive appropriate healthcare.

I feel very lucky to be able to have these experiences and do a job I thoroughly enjoy. I would encourage core trainees to try and gain some exposure to local Forensic Services and see for yourselves just what a fulfilling speciality it is!

Dr Fraz Hussain

Medical Student Experience of the Faculty of Forensic Psychiatry Annual Conference 2019

by

Esme Beer, University of Glasgow

I was fortunate enough to be awarded the opportunity to attend the Faculty of Forensic Psychiatry's Annual Conference 2019 as a result of the essay I submitted for the medical student essay prize competition. My essay title was "Does Psychopathy Belong in Forensic Psychiatry?"

My main message can be summarised as follows:

Forensic psychiatry treatment is really just the same as that provided by other medical specialties. In order to move forward we need high quality evidence that enables the development of methods to improve patient outcomes. You only have to glance at oncology literature to see the impact research has had on reducing deaths from cancer. Research is the tool necessary that could allow us to overturn the pessimistic views that psychopathy is untreatable and provide us with measures that could reform psychopaths from the 'unscrupulous killers' that they are perceived to be and better manage their risk to others beyond simply locking them away.



Overall, I thoroughly enjoyed the conference, finding it particularly interesting hearing about current research advances in the field during the research symposium workshops. I also especially appreciated hearing from other parties involved in the care of forensic patients, including from the Governor of Liverpool HMP about the work that has been put into transforming their prison.



I admit as a medical student I was apprehensive about being able to follow and understand all of the complex topics that may be discussed. However, mostly I would say that the captivating nature of the talks made them possible for me to follow. The only areas in which I struggled were that of current legislation and system structure due to lack of familiarity with such terms.

However, I fully appreciate that explaining these to an audience that use this terminology as part of their daily lives would be an inefficient use of conference time in an already tight schedule.

I would like to take this opportunity to thank the College for the opportunity to attend the

conference and to present at it. It was a very inspiring experience and certainly one that will shape my future career.

Esme Beer

Contributions welcome

Thank you to the contributors of this edition.

We would welcome contributions for the next e-newsletter by Monday 7th October 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 newsletter, please contact the iForensic Newsletter team:

Dr Ruairi Page
ST5 Forensic Psychiatry
ruairi.page@nhs.net

Dr Nat Rowe
Consultant Forensic Psychiatrist
renarta.rowe@nhs.net

Dr Helen Whitworth
Consultant Forensic Psychiatrist
helenwhitworth@nhs.net



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