

iForensic



Faculty of Forensic Psychiatry Newsletter
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Welcome

News from the Faculty Chair

by

Dr Josanne Holloway

Chair of the Forensic Psychiatry Faculty

Welcome to the forensic e-newsletter. It is that time in the cycle where we say good bye to one President and welcome to another. This time we are saying it to two faculty members. So as we say good bye and thank you to Adrian James we also say welcome and best wishes to Lade Smith.

I am sure most if not all of you are busy not only with your clinical, academic and other work but also supporting services at this difficult time especially for our junior colleagues. It does sometimes feel like in an organisation like the Royal College, the focus may not be on the core issues that we all have to deal with day in day out. This made me think about what the main themes we have been trying to address through the faculty. The themes we have been working on are around parity for our patient group, working with the college around recruitment and retention and addressing issues that are frequently highlighted in institutions around abuse especially following the Panorama program. The other area we hope to pick up is around showcasing UK pioneers of Forensic Psychiatry perhaps highlighted by the deaths of two prominent forensic psychiatrists Robert Bluglass and Nigel Eastman.

In relation to parity for our patients we have worked hard to ensure there is equity for our patients in all parts of the Mental Health Act (for England and Wales), working at supporting and improving mental health care for prisoners and as an offshoot for this working with other organisations and the House of lords to address the plight of prisoners in indeterminate sentences for those under sentences of Imprisonment for Public Protection given the profound effect this is having on the psychological well-being of these prisoners including nearly twice the rate of suicides of other prisoners.

We are working closely with interested members of the House of Lords including Lord Moylan who led a House of Lord's debate on this issue, the parole board, the probation service and other organisations working to address this. Other members in the House of Lords who have expressed an interest in this issue include The Lord Bishop of st Albans, Lord Coaker and Lord Blunkett amongst others.

Though we are not opposed to resentencing individuals on an IPP, we are of the view that this on its own will not be enough to support their successful reintegration into the community. There are currently around 270 prisoners on IPP sentences in health settings, the vast majority on S47 of the MHA with a small minority detained under Section 45A. These and individuals previously detained in hospital and remitted to prison are all entitled to S177 aftercare on their release from custody. We are of the view that an equivalent duty to S117 after care entitlement could be a blueprint for all prisoners on an IPP sentence to enable and support their safe and timely release into the community.

We have a number of strands of work in progress in relation to this issue, this includes highlighting the S117 entitlement of prisoners who have been remitted to prison but are appearing before the parole board to Mental Health in-reach teams, probation services and the parole board; looking to develop a fact sheet to support these professionals; looking at getting support for some more detailed research into the needs of this population of prisoners. We have also arranged for Lord Moylan to visit Broadmoor to meet some of the patients impacted by the IPP. Our new President Lade Smith will be joining us on the visit. We are indebted to the support of the policy unit at the college. Callum Ross, an executive member is leading on this work.



If any faculty member is interested in supporting this work or other work in the faculty for example in relation to showcasing the work of the UK pioneers of Forensic Psychiatry, please do contact me on drjosanneholloway@gmail.com or better still Hayley.shaw@rcpsych.ac.uk.

We are particularly interested in trainees who may be willing to interview / video some of the marvellous forensic psychiatrists who have done so much to promote and develop our specialty. May you all have a lovely Summer and please do not hesitate to contact me or any exec committee member including your regional representative if there are any issues you wish to bring to the executive committee's attention.

Josanne Holloway

Legal Update

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



Risk prediction is a risky endeavour. Frequently decisions of courts and tribunals depend on evaluating and predicting the likelihood of a risky outcome. Psychiatrists inevitably contribute to making decisions about harmful outcomes when there is an association between the possible harm and a mental health problem. These cases are linked by risk but straddle different legal decisions.

Modi v Government of India [2022] EWHC 2829 (Admin)

Extradition and suicide risk

What was the issue?

The Indian government sought extradition of Mr Modi for three criminal proceedings. The appeal was following a judgement in a lower court that his mental condition did not remove his *capacity to resist the impulse for suicide*. Expert witnesses criticised this test (taken from a previous case, *Turner*) and the use of the word impulse. There was discussion of the problem with impulse having different meanings to professionals from different disciplines. It was highlighted that someone with severe depression may not be impulsive but someone with mild depression and personality disorder might be and so the test must be wrong. The alternative to being unable to resist the impulse for suicide is that the suicidal act is considered voluntary, and extradition will usually follow.

What was the upshot?

The court did not make any changes to the Turner test but advised that impulse should be taken to have a lay meaning (compulsion, wish, desire, intention) and capacity does not have a Mental Capacity Act definition and means ability or capability.

Gloucestershire City Council v AB [2022] EWCOP 42

Obligations to protect life in someone severely self-harming

What was the issue?

AB turned 18 around the time of these proceedings. She had been deprived of her liberty. The documents provided to her solicitors revealed that she was being permitted to self-harm (this was not previously known to the court), in what appeared to be an approach of managed harm, but that she was sometimes subject to restraint (when this had not been authorised) following very severe self-harm. The self-harm was said to be part of a care plan of the private care provider where she lived. The treating team from the NHS Trust were not apparently involved in the decision-making associated with this plan. The Official Solicitor submitted that a duty under article 2 (right to life) arose to protect AB from a real and immediate risk to her life.

What was the upshot?

The suggestion that the placement could implement their own care plan was clinically, legally and ethically unsustainable and the plans for managing self-harm were unplanned and risky. All parties agreed to ensuring implements to self-harm did not, if possible, come into AB's possession, that AB would not be left alone if she had an implement, that she would be encouraged to hand over implements and that if she did self-harm in a dangerous way that she would be restrained to stop the self-harm. The court authorised the deprivation of liberty and care and support arrangements.

R v Surrey [2022] EWCA Crim 1379

Assessment of which regime is better for managing risk

What was the issue?

This is one more case to add to the appeals against sentence by people who were made subject to indeterminate sentences, in this case detention for public protection (DPP) because the defendant was under 18. The appeal was based on an argument that fresh evidence demonstrated that

he should have been sentenced to hospital under section 37 with restrictions under section 41. His medical diagnoses were schizophrenia, personality disorder and mild learning disability. There was emphasis in the judgement on considering the protection of the public and the way in which different regimes (probation licence compared with restriction order) would assist in monitoring him post-release. Expert witnesses gave evidence that the mechanism under the Mental Health Act (MHA) was more comprehensive given his mental health needs.

What was the upshot?

The court accepted that the powers of recall under the MHA, which are not available to the probation service were the significant factors which justified the imposition of a hospital order.

Reflections on the Medical Student Symposium at Forensic Faculty Annual Conference in Brighton 2023

by

Dr Aideen O'Halloran, Consultant Forensic Psychiatrist, London

Juliet Buckle University of Sheffield

Luke Smith, University of Newcastle

Georgia Ashworth, Barts and the London School of Medicine

Emma Smith, Anglia Ruskin University

Prof Pamela Taylor Cardiff University

The forensic faculty medical student engagement work is thriving. We held our first face to face medical student symposium, since Covid, this year in Brighton. This was a wonderful opportunity for our essay prize-winning medical students to share their work with the faculty. This year's symposium builds on the ongoing forensic faculty commitment to nurturing medical students' interest in psychiatry and to supporting the RCPsych. Choose Psychiatry Campaign. The symposium continues to evolve and this year we were delighted to include the forensic faculty's first ever Psych Star, Emma Smith, to contribute to the symposium.

The essay competition attracted entrants from England, Scotland and Northern Ireland. Once again, this year, the standard of the essays submitted was high and the range of topics was diverse, reflecting the issues which are sparking the interest of medical students across the UK. Topics included neurodiversity and crime, risk assessment in women, use of electronic monitoring, practical and ethical considerations in sentencing in the various jurisdictions of the UK and analysis of shame, guilt and remorse in forensic psychiatry. The essay competition was judged by colleagues from the forensic executive, and we are grateful to all who supported this important work. Of course we have to have winners and cue drum roll...

This year, Juliet Buckle from the University of Sheffield, came in joint first place with her challenging essay 'Assessing the risk of violence in women: are the HCR-20 and FAM sufficient in female forensic psychiatry services?'

Luke Smith from Newcastle University shared joint first place with his provocative essay 'Blame it on the Brain: Exploring ADHD as a Criminogenic Factor'.

Georgia Ashworth from Barts and the London School of Medicine came third with her thought-provoking essay 'Understanding Leave Violation and the Use of Electronic Monitoring in Forensic Services'.

All of the winning medical students accepted the opportunity to present at our forensic faculty conference symposium and bravely took to the podium to share the broad outline of their essays. All did an excellent job in synthesizing their in-depth essays and kept the audience engaged throughout.

Our final speaker in the symposium was our Forensic Faculty Psych Star, Emma Smith, from Anglia Ruskin University to discuss her research proposal 'Preventing sexual harm to children: what are the main concerns and influences among family and friends of an abuser around the decision to disclose to authorities?' Emma is being supervised in this research by Prof Pamela Taylor.

I asked the medical students to summarize their essays / research proposal and their experience of the forensic faculty conference for the faculty newsletter and the following is what they wanted to share.

Juliet: 'This essay was inspired during my time at the National High Secure Healthcare Service for Women at Rampton Hospital. I discovered here that, although violence in women has a different nature, severity and risk than male violence, it is often managed and evaluated in the same way. I wanted to write an essay exploring this concept further in order to investigate whether our risk assessment tools, such as the HCR-20 and FAM, are sufficient for use in female forensic populations. I thought that assessing the risk of patients was a particularly important topic, as otherwise effective management strategies become difficult to develop. I concluded that more research is needed before validating these tools for use in female forensic patients. I recommended that practitioners have an awareness of the specific risk factors for violence in women when using these tools, so that they can incorporate these into their practice. I thoroughly enjoyed writing this essay and presenting it at the faculty conference this year. The conference itself was fascinating; I particularly enjoyed the talks on neurodivergence, familicide and racism. I look forward to continuing my interest in forensic psychiatry in my future career.'

Juliet's reflections remind us of the need to develop and validate risk assessment tools for use with women patients and prisoners. Juliet also highlights that a placement in a forensic setting can spark an interest in our specialty and points to the need for more medical student placements in our services, as the evidence tells us that good quality placements with enthusiastic forensic trainers improves recruitment.

Luke: 'Reflecting on a student-selected component I undertook involving placements in adolescent and adult forensic services, I was struck by the difference in the prevalence of ADHD between the two age demographics. Having ADHD, myself, it is a condition with which I am very familiar, including having first-hand experience of the life-changing impact of medication. (I somehow managed to write a 5000-word essay!). In my search to understand why ADHD does not appear to be routinely diagnosed in adult forensic services, I noted that ADHD was not a condition highlighted in psychiatric training as a potential new diagnosis in adulthood. With reports claiming up to 25% of incarcerated adults could meet the criteria for ADHD, I became curious as to how and why so many people with the same condition as me were ending up behind bars. Writing an essay served as a means to compile my reflections on the evidence base of the serious biopsychosocial impacts ADHD can have on patients and their families (who, due to the seemingly high heritability, may also be underdiagnosed!), I also reviewed the factors that push these individuals into offending behaviours. I had a wonderful time at the conference, where I was overjoyed to see the theme of neurodevelopmental disorders in forensic settings. I was proud to be able to be a voice for ADHD. Being a first-generation university student, this prize gave me my first exposure to academia, and to a platform to talk about an issue about which I am passionate. I am thankful to the faculty for facilitating this essay prize, and look forward to seeing how this experience will shape my future career'.

Luke's reflections are a product of his astute observation and personal experience and reflect his undoubted enthusiasm for our specialty and his passion to improve education on neurodevelopment disorders in forensic training. Luke was clearly inspired by his experience of attending the forensic faculty conference and this demonstrates the positive impact of our medical student engagement work.

Georgia: 'I chose to write my essay on electronic monitoring (EM), more commonly known as "tagging", after being involved in a service evaluation exploring staff perceptions about its use and impact on leave violation in a medium secure unit. Prior to starting the research project, I admittedly was not enthralled by the topic, however this quickly changed as I familiarized myself with the literature, finding the ethical and legal

complexities that accompany the use of EM particularly interesting. Although EM seems on the surface like a benign method of reducing risk, there are important issues associated with its use, and, like any intervention, it is important for clinicians to continually assess and reassess its benefits, and / or consequences, on a case-by-case basis. I thoroughly enjoyed both writing the essay and presenting it at the Forensic Faculty Annual Conference in Brighton. It was a privilege hearing the thoughts and opinions of forensic psychiatrists about the use of EM, which has strongly enriched my understanding of the topic. Furthermore, observing and being immersed in the overlap between clinical practice and research at the conference was also incredibly beneficial, and a rare experience as a medical student. I thank the college for this opportunity and urge them to continue organizing such events.'

Georgia's reflections highlight how a combination of serendipity combined with a willingness to delve deep into a topic can be rewarding beyond what one anticipates. Georgia also captures the reasons why we must continue to support medical student involvement with our faculty and forensic conference if we want to ensure that the best and the brightest are attracted to our specialty.

Emma 'I presented a proposed piece of research that aims to investigate the factors affecting disclosure of child sexual abuse to authorities, specifically by bystanders who are related to the perpetrators. I came to be involved with this through the mentorship aspect of the Psych Star Scheme, and we are working with the Lucy Faithfull Foundation and their anonymous helpline team to develop it. While working on this, we have encountered some challenges due to the nature of recruiting participants from an anonymous helpline. My presentation included challenges that have been discussed among the group working on the project: ethical approval, valid consent, and maintaining participant anonymity and privacy. Our hope was that the audience would be able to provide us with inspiration or potential solutions to these challenges. We were very privileged to have a room full of people supporting our session, and hearing their opinions and experiences of research was both interesting and useful for the project. I learnt a great deal from presenting, as well as the other students' presentations and the conference as a whole. The opportunity to be a part of the Psych Star Scheme and attend the conference has been invaluable, and I am very grateful to the Faculty and my mentors, Aideen and Pamela, for supporting me'.

Emma wrote of her experience of the challenges of initiating a research project in the field of child sexual abuse and disclosure by families and skilfully engaged the audience in helping her consider how best to

approach the research. Emma also reminds us how much medical students value having the opportunity to attend our conference and having meaningful discussions with forensic consultants from across the country.

It is worth highlighting two further and related issues. The medical student symposium was well attended and was a truly interactive forum in which new ideas emerged from the rich discussions. The content delivered by the students was of educational value to all forensic psychiatrists. Likewise, the students found attendance at the conference educational, enriching and memorable. Continuing to support the medical student symposium at the forensic faculty conference is imperative as it is a win-win situation for our education and for recruitment into psychiatry.

We are grateful to Prof. Andrew Forrester and Dr Josanne Holloway for their support for the medical student symposia.



May the force go with you

by

Alain Aldridge

Patient Representative – Forensic Faculty Executive Committee
Royal College of Psychiatrists

For over a decade now I have been the Patient Representative on the Forensic Faculty Executive Committee. I have loved the role. It has returned my self-esteem and confidence back to me. I use old skills as well as new ones of which I am always learning. I am hugely privileged to attend meetings and conferences at home and abroad.

I also work for a Trust as a Peer Support Worker. I am part-time within the Specialised Forensic Community Team. My primary function is to help and support patients transitioning from secure hospitals into the community. This involves visits, talks, presentations, lots of Q&A with students and researchers.

But every so often, I look back over my shoulder to remind myself what things were like. Back in the day when I had lost my liberty and the life that comes with it.

Ward life can be tough. ICA units and admissions can be busy. By the time you move through continuing care and rehab wards your world starts again. Mainly because the gap in your CV is so large. Where have you been for the last five years? You have to start again, to reboot your life into a world that is changing constantly. I think that you only live twice. Because there is simply not enough time to keep starting your life all over again. You run out of rope sooner or later.

So, what is hospital life like? Indefinitely held in a system that is sometimes difficult to navigate and understand.

Just moving forward out of admissions and into a more therapeutic environments sometimes falters and fails. The jump into a new space, (a new solar system) is not always successful. But when it works it's a relief. Sometimes on a ward there is an atmosphere. Either negative or positive. When you walk onto a ward you can get a sense that something's not right. It's a combination of smells, alarms, doors opening and shutting, keys jangling, and noises from people or the TV or a music system.

Patients can be unwell. They are or have been in a darker space. They don't always understand what's happening to them and they just regard

the situation as 'lock-up'. Sometimes there are disagreements on the ward between staff and patients.

You have to cut through this to discover where hope and recovery exist. Do people get better, can they move up the chain of wards to rehabilitation. Can they understand the 'force' and use it wisely. 'Our' version of the Jedi toolkit contains Psychiatry, Medication, Psychology, WRAP, Therapy, and Occupational Therapy. There are normally many activities on offer where patients can engage with and be monitored at the same time. On-top of daily chores having two to three hours of OT and an hour of therapy a week is regarded as busy. Daily ward life can be ok. There are good days and there are not so good days. But the more control you get back the more you can take discussions to help you move forward. Yes, there are tick boxes, hoops and loops. Like R2D2 and C3PO, things are often quite logical. Psychiatrists may not carry Light Sabres, but they can shed light on the dynamics of someone's condition.

Sometimes the penny doesn't drop. It takes time to accept what people are saying to you. Especially with regard to risk. With regard to index offences, people often have a different narrative to that of the authorities. This can be forensically pulled apart and then a more agreed narrative can take place. But sometimes it is what it is.

There are still many concerns. The range of issues is diverse and there is a new Mental Health Act on the horizon.

- Are our medications the very best that they can be?
- Can patients move through the system at a sensible pace?
- Are the facilities working to deliver better mental and physical health care?
- Is the family and friends test being applied?

Looking at the present and the future I am optimistic. I regard myself as a glass half full person. I didn't realise that I would end up with my own flat, a job, financial support from the state, and some me time to continue with my own hobbies and interests. Had I known that in the first instance maybe I would have got here sooner.

The growth in Peer Support Workers and associated managers is becoming widespread. Many Trusts employ tens of experts by experience across the many health sectors. This comes with local trust training as well as peer support-based training. Sharing practices and developing skills and ideas.

A person with lived experience can make a substantial and valuable contribution to the processes. The added value is `enormous. It is also done at quite a modest remuneration.

Relying on what I like to call `patient feedback`. This seems to be the norm and why not. Across the various faculties peer and carer representatives are now the standard. We have come a long way from token gestures and there is still a long way to go in a land far, far, away.

Contributions Welcome

Thank you to the contributors of this edition.

We would welcome contributions for the next e-newsletter by Friday 24th November 2023.

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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