Faculty of Forensic Psychiatry Annual Conference
Speaker Biographies & Abstracts
6 – 8 March 2019
Hilton, Vienna
Dr Katina Anagnostakis
Consultant Forensic Psychiatrist, St Andrew’s Healthcare

CALMED, the world’s first randomised controlled trial of Clozapine for inpatients with severe borderline personality disorder 2019-2021
Thursday 14:00 - 15:30
Rationale: A significant proportion of inpatients in secure hospitals meet criteria for borderline personality disorder (BPD). Despite guidance to the contrary many patients are treated with medication. This routine prescribing of medication to manage BPD was confirmed in UK secure hospitals where clozapine has become the antipsychotic of choice for a significant proportion of inpatients. However, clozapine can also cause potentially serious adverse effects. CALMED will provide the first high quality evidence for what is an already common clinical practice. It is a two-arm, parallel group, double-blind, placebo-controlled randomised trial.

Session objectives: In this presentation and Q&A the audience will be introduced to CALMED, scheduled to start in January 2019. The audience will be reminded of current treatment guidelines for BPD and the findings of a recent prescribing survey. The audience will learn about the need for the study, its aims and the protocol. In the Q&A we will address any of the audience’s questions and concerns.

Learning points: Understand the current guidelines and evidence base for planning treatment for patients with borderline and dis-social personality disorders. Understand the role that clozapine may have, but also its disadvantages. Understand the design of the CALMED trial and what it may offer.

Dr Philip Anderson
Consultant Forensic Psychiatrist, Forensic Child and Adolescent Mental Health Service for Northern Ireland, Belfast Health and Social Care Trust

Fusion Legislation and Forensic Psychiatry: A Discussion on a Radical Change in Mental Health Law and the Merits of Adopting a Capacity Based Approach
Thursday 14:00 - 15:30
There have been attempts to incorporate a capacity based approach to mental health law and consent to psychiatric treatment for at least sixty years. These attempts have been controversial; with proponents arguing that a capacity based approach would promote patient autonomy and reduce discrimination, and opponents arguing that people with mental illnesses need specific legislation for the good of themselves and the public. Fusion legislation forms a single capacity based law to legislate for the involuntary treatment of all in society, including those with mental illnesses. Such an approach has been proposed and rejected in various jurisdictions in the UK and
Internationally, with legislators citing concerns for public safety in cases where a mentally disordered person retains decision making capacity in relation to treatment but poses a risk to others. Northern Ireland, in 2016, enacted the first example of fusion legislation internationally, in the form of the Mental Capacity Act (Northern Ireland) 2016. The law, when in force, will include a capacity based approach to treatment for those subject to the criminal justice provisions of the Act. The impact of this legislative change is likely to be of interest in the consideration of mental health law reform in other jurisdictions.

This session aims to discuss the ethical, legal, and clinical arguments for and against fusion legislation, to discuss the impact of fusion legislation on the practice of forensic psychiatry, and to discuss complexities in relation to vulnerable populations such as adolescents. The format will include a series of brief talks followed by an open discussion.

**Dr Sophia Anwar**  
*Consultant in Forensic Psychiatry, Oxford Health NHS Foundation Trust*  
Dr Sophia Anwar is a Consultant Forensic Psychiatrist. Until January 2019 she worked in low secure services and in prison for Oxford Health NHS Foundation Trust. Between 2017-19 she was the Named Doctor for Safeguarding Adults for this Trust, where she developed a special interest in Mental Capacity and Deprivation of Liberty. From February 2019 she is working in community forensic mental health for West London NHS Trust.

**Deprivation of Liberty: Practical problems with conditional discharges**  
*Thursday 16:00 - 17:30*  
Following the Court of Appeal’s controversial decision in SOSJ –v- MM & Welsh Ministers –v- PJ [2017] EWCA Civ 194 care co-ordinators and commissioners alike had been battling with the practical difficulties of conditional discharge, to circumstances which amount to an objective deprivation of liberty, for patients who have capacity. For such patients who are still in hospital, the upshot was that their detention was likely to be significantly extended. The more complex challenge was what to do for all the patients who are already conditionally discharged (and have, in some cases, been successfully so for many, many years), in circumstances which are an objective deprivation of liberty – who suddenly, were currently unlawfully deprived of their liberty? This session will consider the practical and legal implications and potential options for this tricky issue. It will also address the updates arising from the cases which have been considered separately by the Supreme Court. We will encourage discussion and debate about real examples that delegates are facing, and their experience with the Ministry of Justice in relation to negotiating reductions in restrictions and commissioners in procuring appropriate packages of support.
Dr Steve Barlow  
*Consultant in Forensic Psychiatry, Tees Esk and Wear Valley NHS Trust*

**Future mental health care in prisons - where are we now and what should come next?**  
*Thursday 14:00 - 15:30*

This symposium focuses on mental health care in prisons. It begins by reviewing the international position, before then considering the national situation in England and Wales. Recent difficulties, including increases in self harm, suicide and violence, and institutional problems, are described, and the vision from NHS England regarding the way forward is then presented. Innovation will play a vital role if future improvements are to be made, and a number of local and regional initiatives will be described. Various providers and NHS England have responded to challenges by innovative initiatives. These include a transition ward in prison, rapid prison transfer and remittal wards, improvements in CPA processes in prisons, and innovations in managing substance misuse in prison settings. The role of these innovations in carving a new future for prison mental health services will then be discussed and audience questions and comments will be encouraged. The main 3 learning points will be: 1. Current and future challenges in prison mental health care. 2. Innovations to meet these challenges. 3. Lessons learnt from the innovative pilots in mental health and substance misuse treatments.  

**Session outline**  
Chair – Dr Andrew Forrester  
Dr Andrew Forrester: Session overview, international and national situations

Kate Morrisey – The current situation and the desired future

Dr Steve Barlow, Dr Pratish Thakkar and Dr Sandeep Mathews: Innovations, including a transition ward in prison, rapid prison transfer and remission wards and improvements in prison CPA processes

Dr Pamela Walters – Innovations in managing substance misuse in prisons.

**Professor Annie Bartlett**  
*Professor of Forensic Psychiatry, St George’s, University of London*

**Square pegs in round holes – people with high functioning autism in forensic settings**  
*Thursday 16:00 - 17:30*

Epidemiological research suggests that people with High Functioning Autism are over-represented within forensic populations, although men with HFA are no more likely than the general population to commit serious offences. This symposium will look at empirical research conducted by the researchers themselves among people with HFA within both community and forensic settings. The presenters will also draw on their clinical experience as psychiatrists to suggest strategies for improving the care provided for this unique group.

**KEY LEARNING POINTS**

1. HFA and forensic issues - what do we know from research?
2. HFA within forensic setting - how to screen, diagnose and assess?
3. HFA in forensic settings - what are the unique issues?
Professor Wendy Burn  
*President of the Royal College of Psychiatrists*

Professor Wendy Burn BM, MMedSc, FRCPsych  
Wendy was appointed as a Consultant Old Age Psychiatrist in Leeds in 1990 and currently works part-time in a community post.

Her main clinical interest is dementia. She held Regional leadership positions in this area from 2011 and was Co-Clinical Lead for Dementia for Yorkshire and the Humber Strategic Clinical Network 2013-16. In this role, she was involved in several projects to improve the standard of care for people with dementia. She sits on National Groups for the planning of dementia care.

She has been involved in the organisation and delivery of postgraduate training since she started as a consultant. She has held many roles in education including College Tutor, Training Programme Director, Director of Postgraduate Medical Education, Chair of Specialty Training Committee and Associate Medical Director for Doctors in Training. She set up the Yorkshire School of Psychiatry and was the first Head of School.

On behalf of the Royal College of Psychiatrists she has been an examiner, a Senior Organiser of clinical examinations, a Deputy Convenor, Regional Co-ordinator for CPD and the Deputy Lead for National Recruitment. She was College Dean from 2011 to 2016. She became the Co-chair of the Gatsby Wellcome Neuroscience Project in 2016. In 2017 she was elected as President of the College and took office in June.

Professor Richard Byng  
*Professor in Primary Care Research, Plymouth University Peninsula School of Medicine*

Professor Richard Byng has worked as a GP since 1995, and is a GPwSI in mental health working in a young peoples ‘emerging personality disorder’ service. He has worked as a GP in a probation setting since 2009. He has been involved in redesign of services, commissioning and policy development and is lead for primary care research at Plymouth University specialising in development and evaluation of complex interventions. He leads the NIHR funded Engager programme developing and evaluating a mental health intervention for prison leavers.

**The Engager RCT: can a complex ‘through the gate’ intervention improve outcomes for prison leavers with common mental health problems?**

*Thursday 10:20 - 10:40*

Offenders have a high prevalence of common mental health problems, along with co-occurring substance misuse, emotional lability and social problems, such as homelessness and relationship difficulties. Care in prison is suboptimal and discontinuity on release is the norm. Complex needs, chaotic lifestyles and services designed for single ‘disorders’ contribute. The UK NHS funded Engager six year programme has developed and is evaluating a complex intervention to address this problem for male prison leavers.

In Phase 1 we developed a ‘programe theory’ for the intervention alongside the trial science to evaluate it and carried out a pilot trial that demonstrated trial feasibility, intervention acceptability and implementation challenges.
In Phase 2, we have conducted a randomised controlled trial with 280 men in two regions, half randomised to the Engager intervention (delivered by two teams of support workers with experienced mental health worker supervision and mentalisation based approach). An overview of the results of the trial will be presented in a plenary session. An interactive symposium will examine the theory behind the intervention and the implementation challenges of delivering this complex intervention.

**Exploring mechanisms of impact for the Engager Intervention to determine ‘what works for whom, where, why, and when’**

*Thursday 16:00 - 17:30*

Engager is a collaborative care intervention for prison leavers with common mental health problems (including those with substance misuse, personality disorder, homelessness and risk to self). Practitioners offer practical and emotional support, before and after release, to support participants’ social and emotional goals. The intervention includes ‘day-of-release’ support and a mentalisation based approach. The RCT of 280 participants is reporting at the 2019 Faculty Conference. The process evaluation is examining ‘what works for whom and in what circumstances’ (Pawson & Tilley, 1997). Based on the pilot trial, we produced a logic model of how the intervention should work: what practitioners were asked to do, and the mechanisms hypothesised to achieve outcomes. We used a mixed-method, case-based approach to explore the non-linear ways in which participants responded to the intervention, conducting qualitative and quantitative interviews with participants, family/friends, Engager/Other Service practitioners, and researchers. The findings suggest there are commonalities between participants’ experiences of how the core intervention was delivered (e.g. practitioners being honest) and mechanisms activated (e.g. reducing perceived power imbalances); few negative experiences were reported. The results also highlighted the unique trajectories of participants’ experiences, including the value they placed on certain practitioner actions and the individualised rationales for why others were not delivered. The results suggest implementation was substantial given the adverse context and validate the importance of the individualised approach to prison-leavers’ care in Engager. Until the results of the trial are revealed we cannot be clear whether the intervention has generated improved mental health, social inclusion and quality of life.
Dr Philip Campbell  
*Consultant Forensic Psychiatrist, Southern Health and Social Care Trust*

**Fusion Legislation and Forensic Psychiatry: A Discussion on a Radical Change in Mental Health Law and the Merits of Adopting a Capacity Based Approach**  
*Thursday 14:00 - 15:30*

There have been attempts to incorporate a capacity based approach to mental health law and consent to psychiatric treatment for at least sixty years. These attempts have been controversial; with proponents arguing that a capacity based approach would promote patient autonomy and reduce discrimination, and opponents arguing that people with mental illnesses need specific legislation for the good of themselves and the public. Fusion legislation forms a single capacity based law to legislate for the involuntary treatment of all in society, including those with mental illnesses. Such an approach has been proposed and rejected in various jurisdictions in the UK and internationally, with legislators citing concerns for public safety in cases where a mentally disordered person retains decision making capacity in relation to treatment but poses a risk to others. Northern Ireland, in 2016, enacted the first example of fusion legislation internationally, in the form of the Mental Capacity Act (Northern Ireland) 2016. The law, when in force, will include a capacity based approach to treatment for those subject to the criminal justice provisions of the Act. The impact of this legislative change is likely to be of interest in the consideration of mental health law reform in other jurisdictions.

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Dr Suzanne Coghlan  
*East of England Community FCAMHS, Consultant Child and Adolescent Forensic Psychiatrist*

**Service specification to service delivery – developing a new forensic mental health service**  
*Thursday 16:00 - 17:30*

Rationale  
The experience of setting up a regional community forensic mental health service from scratch - the challenges and key lessons learned.  
NHS England recently commissioned the development of 13 regional community child and adolescent forensic mental health services across England. Prior to this, a small number of areas had a service but large areas of the country had no provision.  
Drs Coghlan and Irani are the clinical leads of the East of England and West Midlands services, respectively. Both services cover regions with populations of approximately 6 million people.  
The development of the two services differed as the West Midlands region has one of the six adolescent medium secure units in England and a developed spot purchase community assessment service. The East of England region had neither.

Session Objectives
- Describe the processes (soft and hard) undertaken before a clinical service can start
- Outline how both services structured and phased the delivery of service
• Discuss key challenges and outline best practice around sharing knowledge with the developed and developing services

Key Themes and Issues
• Communication – regular formal and informal dialogue – establishing mentoring/contact methods at outset – the importance of “soft intelligence”
• Process Learnings – Embedding the service, partnership working with mental health clinicians/other stakeholders
• Establishing consistency and sustainability – using, refining and developing existing successful models and approaches – enshrining a culture of best practice.

Professor Jeremy Coid
Professor of Epidemiology in Psychiatry, West China Brain Research Centre, Sichuan, China; Visiting Professor, Institute of Psychiatry, Psychology and Neuroscience, King’s College London; Emeritus Professor of Forensic Psychiatry, Queen Mary University of

Masterclass 1 - Pathways to serious violence
Friday 09:00 - 10:30

Objectives:
After attending this session, participants should be better able to:

1. Apply a new pathway model to acute episodes of psychosis and: (i) assess acute symptom severity (primarily delusional beliefs and associated anger and agitation), (ii) assess mental state stability, (iii) ward/social environment, (iv) identify presence of potential destabilisers and violence triggers (v) historical factors increasing risk and facilitating violent behaviour.
2. Evaluate measurement-based strategies to identify risk of imminent violence and understand how these must be linked to preventive clinical management and treatment interventions.
3. Evaluate ward-based management strategies involving nursing staff and how these can be applied to reduce violence.
4. Apply current guideline recommendations on medication and other available information to individualise treatment for their patients who are violent.
5. Consider the applicability of interventions used in high security settings for patients who have been resistant to treatment.

Background
Clinicians and their psychotic patients usually explain violence as due to delusions and sometimes other symptoms. However, research has been unhelpful and shown little consensus. Some authors assert violence is due to substance abuse, others criminological factors similar to the general population. Most of these studies have failed to observe whether the patients were acutely psychotic at the time the violence occurred.
There are now a series of papers demonstrating that it is essential to establish whether the patient is acutely psychotic and not to confuse risk factors occurring at other times. Key causal factors include delusions which make the patient angry and state anger preceding the violence, together with shifts and fluctuations in mental state. Agitation is an independent and understudied symptom often encountered before violence. Treating these core features and anticipating risk of imminent violence are essential to prevention. Recent substance misuse, ward atmosphere, criminal history, etc are all important but moderating factors.

Guidelines exist for treating patients who are violent, but there is little guidance on a preventive approach. However, Forensic services must also manage a small number of highly challenging patients whose violence does not respond to either preventive approaches or conventional treatment within current guidelines. This session will prioritise preventive methods but encourage audience discussion of certain interventions currently being utilised in High Security but not routinely elsewhere.

Dr John Crichton

Consultant Forensic Psychiatrist, Chair of the Royal College of Psychiatrists in Scotland, Vice President of the Royal College of Psychiatrists

Dr John Crichton has been a forensic psychiatrist for 26 years, with a PhD from Cambridge University’s Institute of Criminology in 1996. He has an interest in homicide associated with mental disorder and has written three books and over 60 peer review publications. In 2015 Dr Crichton became an advisor to the ICRC Healthcare in Custody programme, lecturing and visiting places of detention in China. In 2017 he was elected Chair of the Royal College of Psychiatrists in Scotland and is Vice President of the College.

Themed plenary session: Causing harm to others: psychopathology and treatment

Whereas it is commonly known that the change from coal gas to natural gas reduced the rate of suicides it is less well known that it also influenced one of the most successful crime reduction strategies – situational crime prevention. Loved by pragmatists and loathed by theorists, situational crime prevention can be thought of as key to the remarkable decline in homicides in Scotland over the last decade. Promoted as the solution to rising knife crime elsewhere in the UK what is a public health approach to knife violence? How can the learning from Scotland be applied more generally and in particular to populations of people with serious mental illness at risk of violence to others.
Dr Mary Davoren
*PD Pathway Broadmoor and High Secure research lead*
Dr Mary Davoren is a Consultant Forensic Psychiatrist (PD pathway) and High Secure Research Lead, Broadmoor Hospital. She holds a CCT in General Adult Psychiatry (CPsychI 2014) and CCT in Forensic Psychiatry (RCPsych 2016). She completed an Academic Clinical Fellowship in Forensic Psychiatry in the Violence Prevention Research Unit, QMUL (2014 - 2016). She was a lecturer in Forensic Psychiatry in TCD (2012 - 2014) and gained an MD in Forensic Psychiatry, Trinity College Dublin 2016. Her research interests include security needs among men in high secure PD pathways, routine outcome measures in forensic settings and the physical health needs of those in secure services.

Dr Kalpana Dein
*Locum Consultant Forensic Psychiatrist, HMP Thameside*

**Square pegs in round holes – people with high functioning autism in forensic settings**
*Thursday 16:00 - 17:30*
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Dr Alexander Dvorak
*Austrian Ministry of Justice, JA Gollersdorf*

**Treatment of offenders regarded as not guilty for reasons of insanity in Austrian forensic institutions**
*Thursday 14:00 - 15:30*

**Rationale**  The Forensic Faculty conference in Vienna, Austria is an opportunity to learn about the host country’s criminal justice and forensic mental health systems. This symposium will allow attendees to discover details of the Austrian population of offenders not guilty for reasons of insanity (NGRI) concerning their crimes, diagnoses, lengths of stay and the individual needs for treatment up to the point of release.

**Session Objectives**  In this session various aspects of the treatment of mainly schizophrenic patients detained under the Austrian penal code § 21/1 will be discussed. The underlying data was acquired in the penitentiary institution of Göllersdorf. Apart from the local Austrian aspects different questions regarding this population of offenders in general will be covered. Important aspects of
dealing with new challenges brought by the ongoing changes in the legal framework, the composition of newly admitted patients and the difficulties and barriers for release will be discussed. The rising number of admitted migrants and the accompanying issues will also be addressed.

Key learning points
By the end of the session an attendee will be able to:

1. Describe the Austrian system and pathway from admission until release for offenders not guilty for reasons of insanity.
2. Have an insight into various limitations met while treating and preparing these offenders for release.
3. Have an overview over the facilities needed for a successful rehabilitation into the community including specific after care.

Dr Adrian East
Consultant Forensic Psychiatrist, Chair of RCPsych NI Forensic Faculty, Southern Health and Social Care Trust

Fusion Legislation and Forensic Psychiatry: A Discussion on a Radical Change in Mental Health Law and the Merits of Adopting a Capacity Based Approach
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**Professor Tom Fahy**  
Professor of Forensic Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King’s College London

**Use of formulation to understand risk of violent extremism in individuals with poor mental health: examples from clinical practice**  
*Thursday 16:00 - 17:30*

A plethora of models from a wide range of theoretical perspectives have attempted to explain why some individuals commit terrorist atrocities. However, applying these theoretical models to individuals in clinical practice is highly problematic; extremism in all its forms is complex and multifaceted and weak associations are consistently found between any individual factor and risk. To further complicate matters, despite 30-40% of Prevent referrals presenting with a broad range of mental health and psychological difficulties the functional link with extremism, if there is one, is poorly understood. Prevent In-Place is an innovative NHS-Police partnership which aims to improve clinical and criminal justice outcomes for individuals with mental health and psychological difficulties identified as at risk of radicalisation, safeguard individuals from being drawn into extremism and reduce the risk to the public from terrorism. The presentation will describe the clinical, operational and strategic learning gained over the first three years of practice, and more specifically;

- The characteristics of individuals referred to Prevent based on a review of the unique dataset comprising approx. 1000 cases
- The operational, strategic and ethical issues that arise for mental health professionals in practice and the approaches that have sought to address and manage these
- Case examples to illustrate how a service model based on formulation may bridge the gap between theory and clinical practice in this highly complex area of risk.

**Dr David Fearnley**  
Associate National Clinical Director for Secure Mental Health and Chair, Adult Secure Clinical Reference Group, NHS England

**New care models in secure services**  
*Thursday 09:40 - 10:00*

The Five Year Forward View for Mental Health, published in 2016, proposed new commissioning models for medium and low secure services. A summary of the progress will be presented, including the development of service specifications and three pilots for new specialised community forensic services.
Louise Finer

*UK National Preventive Mechanism, London*

Louise Finer coordinates the UK’s National Preventive Mechanism, based at HM Inspectorate of Prisons. Prior to joining the NPM she worked in a range of research, policy and advocacy roles for NGOs in the UK, US and South America and for the UN Special Rapporteur on the Right to Health. She has 15 years’ experience of strengthening and implementing human rights standards at national and international level and is a visiting fellow at the Human Rights Centre at the University of Essex.

**Preventing ill treatment in detention: the role of the UK’s National Preventive Mechanism**

*Wednesday 16:30 - 16:50*

In 2009 the UK government designated its National Preventive Mechanism, to fulfil the requirements of the UN Optional Protocol to the Convention against Torture (OPCAT). With 21 institutional members monitoring different types of detention across the four nations of the UK, the UK NPM is arguably the most complex NPM in the world. I will explore how detention monitoring should act as a tool to prevent ill treatment, and how using human rights to inform our work forces us to ask challenging questions about what we see.

Dr Andrew Forrester

*Academic Secretary, Faculty of Forensic Psychiatry*

Dr Andrew Forrester is a Consultant and Honorary Senior Lecturer in Forensic Psychiatry with Greater Manchester Mental Health NHS Foundation Trust and the University of Manchester. As Academic Secretary to the Faculty of Forensic Psychiatry he is the principle conference organiser. He sits on the Executive Committees of the Faculty of Forensic Psychiatry, Crime in Mind and the British Association of Forensic Sciences. He is Editor in Chief of the SAGE journal Medicine, Science and the Law and he has published over 100 articles in the field. His research interests span the health in justice pathway.

Professor Theresa Gannon

*Professor of Forensic Psychology, University of Kent*

Theresa A. Gannon, DPhil, CPsychol (Forensic) is Professor of Forensic Psychology and Director of the Centre for Research and Education in Forensic Psychology (CORE-FP) at the University of Kent, UK. Theresa also works as a Practitioner Consultant Forensic Psychologist specialising in deliberate firesetting for the Forensic and Specialist Service Line, Kent and Medway Social Care and Partnership Trust. Theresa has published over 120 chapters, articles, books, and other scholarly works in the areas of male and female-perpetrated offending. She is particularly interested in the assessment and treatment of individuals who have set deliberate fires. In 2012, Theresa led the development of the first comprehensive theory of adult deliberate firesetting (named the Multi-trajectory Theory of Adult Firesetting or M-TAFF). After leading a series of research studies examining the treatment needs of adult firesetters, Theresa developed the first standardised treatment programs for firesetters (the FIPP and FIP-MO) which are now implemented in prisons and hospitals internationally. In 2016, Theresa was lead recipient of the ESRC’s Outstanding Impact in Society Award for her theoretical work and treatment provision regarding deliberate firesetting.

**Themed plenary session: Causing harm to others: psychopathology and treatment**
Wednesday 09:10 - 11:10
To date, there has been very little psychological work conducted examining deliberate firesetting in adults. As a consequence, firesetters have not received specialist treatment to address their firesetting behavior. In this talk, I will focus on some of the work I have recently conducted with co-authors examining the characteristics and treatment needs of firesetters. I will also describe the development of a comprehensive theory of firesetting as well as a standardized treatment programme for firesetters within prisons and mental health settings. I will present an evaluation of this programme which includes the use of an adequate control group of firesetters who did not receive specialist treatment. The implications of this evaluation will be discussed paying particular attention to the possibilities for future provision of firesetting treatment.

Professor Marc Graf
Professor of Forensic Psychiatry, Basel, Switzerland

Themed plenary session: Causing harm to others: psychopathology and treatment
Wednesday 09:10 - 11:10
New methods in the assessment of offenders are traditionally “welcomed” in very different matter, especially when the assessment involves sex offenders: The reactions range from naïve and overreaching expectations to vehement rejection for different reasons. An extensively discussed example is polygraphy. Despite hundreds of studies and publications, its reception in legal practice varies from country to country and over time.

Considering as example, future use of implicit tests in the assessment of sexual preferences is discussed in the talk regarding its potential advantages and pitfalls as judicial proof. Different codes of criminal procedure in different legislation and post-Daubert experiences should enable us to conceptualize an epistemic approach to ensure adherence to scientific, ethical as well as legal principles. The respective responsibilities of scientists, forensic experts, therapist and legal authorities therefore have to interlock like cog-wheels but must not overlap.

District Judge Susan Green
Designated Judge for South London Local Justice Area and First Tier Tribunal Judge
I was admitted as a Solicitor in February 1981 and remained in private practice specialising in criminal law until 2001 when I was appointed as a District Judge (Magistrates’ Court). I sit at Camberwell Green which serves two of the most deprived Inner London Boroughs with one of the highest levels of mental illness in England.

In 2003 I was appointed a Judge in the First Tier Tribunal (Mental Health) which reviews detention of patients under the Mental Health Act

I am the District Judge lead for mental health and represent the Senior District Judge on mental health issues at national level. . At court I have prime responsibility for mentally disordered offenders working closely with the community justice mental health liaison and diversion teams. I have been involved in training on mental health law and practice and I am the judicial adviser for national advocacy training in relation to vulnerable witnesses and defendants.
I am the Designated Judge for South London and sit on local and regional management groups as well as the National Council for District Judges.

**Deprivation of liberty in the criminal justice system – prison or hospital?**
*Wednesday 16:50 - 17:10*

The circumstances in which defendants in the criminal justice system may be deprived of their liberty are set out in a well-established system of statute and precedent. This presentation addresses the question of whether different considerations apply, or ought to apply, to those suffering from mental disorder and highlights the tensions that may develop when there is a choice between sending defendants to prison or to hospital.

These tensions are illustrated by way of a recent case study which also highlights the involvement of liaison and diversion services and practical issues in relation to the assessment of risk. It will examine the balance of responsibility between the needs of vulnerable individuals and the protection of the community “at large”.

Attention is also focused on proposed developments in relation to the sentencing of offenders who have significant mental health issues.

**Professor Neil Greenberg**

*Professor of Defence Mental Health, King’s College London and Veteran Lead, Royal College of Psychiatrists*

Professor Greenberg is a consultant academic, adult and forensic psychiatrist with King’s College London. Neil served in the Royal Navy, and worked with the Royal Marines Commandos, for more than 23 years before retiring in 2003.

Neil has published more than 200 scientific papers and book chapters. He has presented to national and international audiences on matters concerning the psychological health of the UK Armed Forces, organisational management of traumatic stress and occupational mental health. He has been the Secretary of the European Society for Traumatic Stress Studies and the President of the UK Psychological Trauma Society. He is the current Royal College of Psychiatrists’ Lead for Military and Veterans Health, a trustee with Walking with the Wounded, an independent director of the Forces in Mind Trust and a principal advisor for Hostage UK.

**Veterans in the criminal justice system: how best do we meet their needs?**
*Thursday 16:00 - 17:30*

**Professor John Gunn**

Prof. John Gunn CBE is Emeritus Professor of Forensic Psychiatry at King’s College London, formerly a chairman of the Faculty of Forensic Psychiatry and now a trustee of the Royal College. Currently he is also chairman of a new charity, Crime in Mind, which aims to raise funds to develop and support academic forensic psychiatry. Several senior members of the faculty, including Prof Pamela Taylor, are trustees of the charity which has developed a roadshow of research seminars and aims to sponsor research as funds become available.
Crime in Mind

Wednesday 17:20 - 17:30

Crime in Mind is a charity which aims to raise the profile of academic forensic psychiatry and raise funds for research in forensic psychiatry. We run a national research roadshow. We welcome new members and volunteers to help with our work.

Dr Heidi Hales

Consultant Adolescent Forensic Psychiatrist, West London NHS Trust

Square pegs in round holes – people with high functioning autism in forensic settings

Thursday 16:00 - 17:30

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KEY LEARNING POINTS

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Dr Andrew Iles

Consultant Forensic Psychiatrist, Surrey and Borders NHS Partnership Trust

The management of transgender people in secure services

Thursday 14:00 - 15:30

In 2011 the government published its action plan for transgender equality, which described suggested changes to the commissioning and provision of services for transgender people. Little is known of the number of transgender people in secure mental services; we will present the findings of a nationwide census of secure mental health services. We will discuss the prevalence of gender identity disorders. Through the presentation of a contentious case history, we will discuss the challenges of assessing and managing people with gender identity disorder within secure mental health services. We will explore the interface with disorders of sexual preference, including fetishistic transvestism. We will consider the differences between users of secure mental health services and prisoners who report symptoms of gender dysphoria. We will describe the relevant legislation and central policy and we will discuss important case law around the management of transgender people in secure services.

Our proposed format is:

1. Review of legislation, case law and central policy
2. Presentation of findings of national census of transgender people and best practice in secure services
3. The challenges in the assessment and management of transgender people in secure services
4. The relationship between individual needs and risk

Educational goals:
1. To understand the needs of transgender people in secure services
2. To understand the size of need and the profile of current service provision
3. To understand the relevant legislation, case law and policy relating to transgender people
4. To understand the relationship between individual needs and risk

Dr Tina Irani
West Midlands Community FCAMHS, Consultant Child and Adolescent Forensic Psychiatrist

Service specification to service delivery – developing a new forensic mental health service
Thursday 16:00 - 17:30
Rationale
The experience of setting up a regional community forensic mental health service from scratch - the challenges and key lessons learned. NHS England recently commissioned the development of 13 regional community child and adolescent forensic mental health services across England. Prior to this, a small number of areas had a service but large areas of the country had no provision. Drs Coghlan and Irani are the clinical leads of the East of England and West Midlands services, respectively. Both services cover regions with populations of approximately 6 million people. The development of the two services differed as the West Midlands region has one of the six adolescent medium secure units in England and a developed spot purchase community assessment service. The East of England region had neither.

Session Objectives
• Describe the processes (soft and hard) undertaken before a clinical service can start
• Outline how both services structured and phased the delivery of service
• Discuss key challenges and outline best practice around sharing knowledge with the developed and developing services

Key Themes and Issues
• Communication – regular formal and informal dialogue – establishing mentoring/contact methods at outset – the importance of “soft intelligence”
• Process Learnings – Embedding the service, partnership working with mental health clinicians/other stakeholders
• Establishing consistency and sustainability – using, refining and developing existing successful models and approaches – enshrining a culture of best practice.

Ashley Irons
Partner, Capsticks Solicitors
Ashley specialises in advising hospitals (in the public and private sector) in relation to mental health issues and practical ways of addressing them. He is one of the country’s leading mental health lawyers, as is recognised in the Chamber’s directory. He is regularly involved in a wide range of mental health challenges, in relation to policies and procedures, claims, Tribunals, Judicial Reviews and Inquests. In the last 6 years has advised on over 80 homicide investigations on behalf of SHAs, hospital providers and investigation teams. Out of 40 Judicial Review challenges in the last 15 years, he has been successful in all, save once. In the last 20
years he has defeated, every Judicial Review challenge to policies written by him (by correct application of proportionality to mental health and human rights law).
He is an advocate at Mental Health Review Tribunals, 90% of which concern Personality Disorder. He has won 3 out of 3 cases in House of Lords [mental health cases]. All 3 involved Human Rights, ECHR and UK case law. He obtained a House of Lords Order in 2002 that the Daily Mirror disclose the source of the leak of hospital records to that paper. This is the leading authority on clinical records confidentiality. He has had several JRIs regarding compulsory treatment.
Ashley has been involved with many of the most important mental health cases over the years, including the Broadmoor “right to search” case, which led to the Code of Practice being changed. In 2005 the House of Lords supported his client, Mersey Care NHS Trust, in their appeal against the Court of Appeal decision in B where it was said that a patient could not be treated except for a classified disorder. Ashley also represented the Hospital in Munjaz, the new leading authority on the status of the Code of Practice and departure from it. Ashley has advised on and taken part in lengthy Public Inquiries including representing Ashworth (each over a year) in the Fallon Inquiry into the Personality Disorder Unit (Report of Committee of Inquiry into Personality Disorder Unit, Ashworth Special Hospital 1999), and at the Blom Cooper Inquiry at the same hospital before that (Report of the Committee of Inquiry into complaints about Ashworth Hospital 1992). He is a regular speaker at national conferences upon mental health related issues.

Dr Adrian James
Registrar, Consultant Forensic Psychiatrist at Langdon Hospital
Adrian has been Registrar of the College since 2015. In this role he has overall responsibility for policy, public education, revalidation and membership engagement.

In his role as College Registrar he is prioritising recruitment and communicating with the public, media and system leaders to ensure parity of esteem becomes a reality on the ground. 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). Outside of work, Adrian is a cyclist and occasional pantomime Dame.
Dr Roland Jones  
*Forensic Psychiatrist, Centre for Addiction and Mental Health, Toronto, and Assistant Professor, University of Toronto*

Dr Jones is a forensic psychiatrist and clinician scientist at the Centre for Addiction and Mental Health, Toronto, Canada, and Assistant Professor in the Division of Psychiatry at the Department of Psychiatry, University of Toronto. He trained and worked in the UK and New Zealand in forensic psychiatry and was chair of the Royal College of Psychiatrists Faculty of Forensic Psychiatrists in Wales, before moving to Canada. He has expertise in epidemiology and health care services research, including the application of longitudinal and life-course methods to understanding relationships between mental disorder, violence, offending, and recovery. He has provided consultation to the Ontario Ministry of Community Safety and Correctional Services, and has led research on measurement of severity of mental disorder in prison settings and an appraisal of need for inpatient mental health services in provincial jails in Ontario. He is currently working within the Forensic Early Intervention Service (FEIS) in Toronto in both clinical and research roles, and is also undertaking population-wide longitudinal research on forensic mental health patients in Ontario.

**Masterclass 2 - Screening, triage and logic models of care in places of detention**

*Friday 09:00 - 10:30*

The STAIR model (Screening, Triage, Assessment, Intervention, and Reintegration) provides a framework for provision of mental health services in prison and jail settings. There is a need to provide objective and valid measurement of need and severity in order to design and deliver evidence based standards of care. We review approaches and measures that are currently available for screening, triage and assessment of severity of need, and the relative strengths and weaknesses. We describe our adaptation and validation of the Clinical Global Impression for Corrections (CGI-C) through case-vignettes and implementation in two remand prisons. We will describe how to translate standing prison musters and reception rates into estimates of the level of resourcing required to meet epidemiologically derived levels of need.

**John Kastner**

*Film-maker*

John Kastner’s films focus on individuals who have been shut away, marginalized from society. His last three documentaries tell the stories of people who have been classed not criminally responsible – their institutionalization, their quest for freedom and their struggle to find a place for themselves within their communities. For generations they have been seen by most as monsters, devils. Kastner’s films portray them differently - as mentally ill sufferers struggling with their illness and their place in the world. Human beings for whom audiences come to feel deeply. These films have been shown at public screenings, at festivals and for mental health and criminal justice professionals across North America and Europe. Among his many international awards, Kastner has won 4 Emmys, more than anyone in Canada.

**Out of mind, out of sight: media issues in mental health facilities**

*Thursday 14:00 - 15:30*

Thursday March 7 Session: 14:00 – 15:30 symposia 3 Out of mind, out of Sight: media issues in mental health facilities.
Out of Mind, Out of Sight is a documentary that shows life in the Brockville Hospital, a facility for forensic psychiatric patients. Kastner spent 3 years filming at the institution. It is the only documentary to have achieved access and the cooperation of most of the patients and staff at this level. The film focuses on 4 individuals who have committed crimes from arson to murder and have been classed not criminally responsible. It portrays their struggles with their illness and their guilt with profound compassion and understanding. OOMOOS was honoured with the top prize at Hot Docs, the biggest documentary festival in North America.

Friday March 8 Plenary Session: International perspectives on forensic psychiatry. 13:30 – 14:00 Dr. Tim McInerny in conversation with John Kastner: a Canadian film-maker defends exposing forensic psychiatric sufferers to public view.

This session will begin with a brief excerpt from the documentary Not Criminally Responsible. It tells the story of Sean Clifton who tried to murder “the prettiest girl in town” and spent 8 years inside an institution for forensic psychiatric patients. Through the process of making the film, the victim’s parents come to a new understanding of mental illness. It ends with their reconciliation with Clifton. Kastner believes the film and its public screenings bring a new awareness and compassion for mentally ill sufferers who have been demonized and hidden away from society.

Dr Sobia Khan

Consultant Forensic Psychiatrist, Queensland Health, Australia

Dr Sobia Khan is a consultant forensic psychiatrist. She is currently working in Forensicare, Melbourne, Australia. She is adjunct senior lecturer at James Cook University, Townsville, Queensland. In addition to her clinical portfolio, Dr Khan has held honorary affiliations as a senior lecturer at University of Birmingham, and University of Buckinghamshire. She is part time tutor at Centre of Medical Education, University of Dundee. She is a collaborator and honorary affiliate with University of Health Sciences in Pakistan and has been working on establishing forensic mental health training and services in Pakistan. She has a special interest in physical health disorders that are commonly seen in psychiatric patients and was the lead clinician for Physical Healthcare at St Andrew’s Healthcare Birmingham.

She was a member of the MRCPsych UK Board of Examiners, Royal College of Psychiatrist Quality Network Group and has worked as mental health Expert Clinical Advisor to Care and Quality Commission (CQC) England.
Dr Khuram Khan  
*Consultant Forensic Psychiatrist, The State Hospital, Carstairs*

**Premature morbidity and obesity in forensic patients: can we change this terminal pathway? A prevention and treatment action plan.**  
*Thursday 16:00 - 17:30*

Research has shown that patients with major mental illness die prematurely. Within the high security psychiatric population of Scotland and Northern Ireland, a twenty year follow-up study found an average age of death of 54 years with 16 and 24 years of life lost for men and women respectively. The causes of death were primarily respiratory and cardiac disease and the risk factors for these diseases include smoking and obesity. Smoking within a high secure setting has no longer been permitted since 2011 but across the Forensic Network in Scotland 73% of patients are obese or overweight and this is over 80% within the high and medium secure populations. It is vital that we address this issue so that we do not have similar findings in another twenty years. This session examines the current issues of obesity and premature mortality across the Forensic Network in Scotland. It will focus on the 15 point Healthy Choices Plan designed within the State Hospital to improve the physical health of patients. This is divided into actions for prevention and for treatment. Outcomes of this plan will be presented and the complex issues of individual choice versus institutional duty of care explored.

Dr Tim Kirkpatrick  
*Research Fellow, University of Plymouth*

**Exploring mechanisms of impact for the Engager Intervention to determine ‘what works for whom, where, why, and when’**  
*Thursday 16:00 - 17:30*

Engager is a collaborative care intervention for prison leavers with common mental health problems (including those with substance misuse, personality disorder, homelessness and risk to self). Practitioners offer practical and emotional support, before and after release, to support participants’ social and emotional goals. The intervention includes ‘day-of-release’ support and a mentalisation based approach. The RCT of 280 participants is reporting at the 2019 Faculty Conference. The process evaluation is examining ‘what works for whom and in what circumstances’ (Pawson & Tilley, 1997). Based on the pilot trial, we produced a logic model of how the intervention should work: what practitioners were asked to do, and the mechanisms hypothesised to achieve outcomes. We used a mixed-method, case-based approach to explore the non-linear ways in which participants responded to the intervention, conducting qualitative and quantitative interviews with participants, family/friends, Engager/Other Service practitioners, and researchers. The findings suggest there are commonalities between participants’ experiences of how the core intervention was delivered (e.g. practitioners being honest) and mechanisms activated (e.g. reducing perceived power imbalances); few negative experiences were reported. The results also highlighted the unique trajectories of participants’ experiences, including the value they placed on certain practitioner actions and the individualised rationales for why others were not delivered. The results suggest implementation was substantial given the adverse context and validate the importance of the individualised approach to prison-leavers’ care in Engager. Until the results of the
trial are revealed we cannot be clear whether the intervention has generated improved mental health, social inclusion and quality of life.

Dr Deirdre Macmanus
Senior Clinical Lecturer, King’s College London and Consultant Forensic Psychiatrist, South London and Maudsley NHS Foundation Trust

Dr Deirdre MacManus is a Consultant Forensic Psychiatrist at HMP Wandsworth, South London and Maudsley NHS Trust, Lead Consultant Psychiatrist for the London and South East NHS Veteran Mental Health Transition, Intervention and Liaison service, and Consultant Psychiatrist for the Traumatic Stress Clinic, Camden and Islington NHS Trust. She has been involved in the design and implementation of the new regional NHS Veteran Mental Health and Complex Treatment Services for London and the South East of England and in developing veteran prison inreach services in prisons in the Greater London area. She is also a Senior Clinical Lecturer at King’s College London. Much of her research has focused on mental health and offending behavior in military personnel.

Veterans in the criminal justice system: how best do we meet their needs?
Thursday 16:00 - 17:30

Research has shown that the prevalence of violent offending is higher among those who have served in the UK Armed Forces than among similarly aged men from the general population. A subgroup of military veterans end up in the Criminal Justice System (CJS) after leaving military service, most often for violent offences than any other offence type. A recent government inquiry recommended that the mental health needs of veterans in the CJS should be better provided for. NHS England have called for greater cross-working between NHS and third sector services. This workshop will consider how best to provide support and care for this population.

We propose to:
1. Review evidence from the UK and internationally on offending behaviour among military veterans and their needs in the Criminal Justice System;
2. Present our new research findings, gathered using national NHS data from liaison and diversion services, on the offending behaviour and needs of veterans referred to these services compared to those who have not served in the military;
3. Discuss recent developments in Government and NHS England policy regarding the need for mental health services for veterans in the Criminal Justice System; and
4. Present a current successful model of provision of In-Reach mental health care for veterans.
Dr Michael Martin  
*Manager, Mental Health Epidemiology, Correctional Services of Canada and Adjunct Professor, School of Epidemiology and Public Health, University of Ottawa, Canada*

Dr. Martin is the Manager of Mental Health Epidemiology in the Mental Health Branch of Correctional Service of Canada and an Adjunct Professor in the School of Epidemiology and Public Health at the University of Ottawa. Dr. Martin received his PhD in Epidemiology and Public Health from the University of Ottawa in 2017, an MA in Psychology from Carleton University in 2011, and his BA in Criminology and Criminal Justice from Carleton University in 2007. He has worked with the Mental Health Branch of the Correctional Service of Canada since 2005.

Dr. Martin’s areas of expertise and research interests include: (a) screening for mental illness; (b) trajectories of mental illness and self-harm behaviours; (c) risk and protective factors for mental health and behavioural outcomes; (d) treatment of mental illness and self-harm behaviours; (e) system integration across jurisdictions and ministries responsible for providing health and social services.

**Masterclass 2 - Screening, triage and logic models of care in places of detention**

*Friday 09:00 - 10:30*

The STAIR model (Screening, Triage, Assessment, Intervention, and Reintegration) provides a framework for provision of mental health services in prison and jail settings. There is a need to provide objective and valid measurement of need and severity in order to design and deliver evidence based standards of care. We review approaches and measures that are currently available for screening, triage and assessment of severity of need, and the relative strengths and weaknesses. We describe our adaptation and validation of the Clinical Global Impression for Corrections (CGI-C) through case-vignettes and implementation in two remand prisons. We will describe how to translate standing prison musters and reception rates into estimates of the level of resourcing required to meet epidemiologically derived levels of need.
Professor Brian McKenna  
Auckland University of Technology, Auckland, New Zealand

Brian is a Registered Nurse and Professor of Forensic Mental Health, which is a joint appointment between Auckland University of Technology and the Auckland Regional Forensic Psychiatry Services in New Zealand. He is currently an Adjunct Professor, Centre for Forensic Behavioural Sciences, Swinburne University of Technology, Victoria, Australia.

Brian has published widely on research in forensic mental health, and mental health law. A commitment to joint appointments has led to a research focus aimed at service improvement for the benefit of those we serve.

Forensic mental health models of care: A case for cultural inclusion  
Thursday 12:00 - 12:50

Cultural mediated bias lies at the heart of the gross over-representation of indigenous people in the criminal justice system in New Zealand. Although only 15% of the population, Māori comprise 50% of people in forensic mental health services.

A vision devoid of cultural bias was articulated in the Mason Report (1988), through a bicultural model of care. In this approach, a model of care which has morphed into a recovery model, co-exists alongside a Māori model.

So where on the journey toward the vision are forensic mental health services? This presentation maps this journey through reflections on the service philosophy; clinical pathways; the physical infrastructure; and workforce development.

The plight of indigenous people and/or ethnic minorities is an international concern in forensic mental health services. Consideration is given as to what this unique model of care has to offer similar services elsewhere.
Dr Iain McKinnon

*Consultant Forensic and Learning Disability Psychiatrist, Northumberland, Tyne and Wear NHS Foundation Trust*

Iain McKinnon is a Consultant Forensic Learning Disability Psychiatrist with Northumberland, Tyne and Wear NHS Foundation Trust, and Honorary Senior Lecturer at Newcastle University. His clinical work entails the assessment and treatment of offenders with a range of mental disorders including intellectual disability, severe mental illness, personality disorder and autism spectrum conditions. He works into the Northgate Hospital Medium Secure Service as well as taking a community outreach role with the Secure Outreach and Treatment Team. His main research interest relates to the interface between the criminal justice system and services for people with mental disorder, primarily the police custody field. He has led a project to redesign police custody risk assessments with the Metropolitan and Northumbria Police forces in the UK. Other areas of interest include research related to novel police/mental interventions including Street Triage and Liaison and Diversion. He had held a NIHR Doctoral Research Fellowship and has secured funding to investigate the impact of Novel Psychoactive Substances in police custody.

Debate: This house believes that the indefinite restricted hospital order in its present form is no longer fit for purpose

*Wednesday 14:20 - 15:20*

Dr Clive Meux

*Consultant Forensic Psychiatrist, Oxford Health NHS Foundation Trust*

Dr Clive Meux OBE FRCPsych has been a Consultant Forensic Psychiatrist at Oxford Health NHSFT since 1999 & is an Honorary Senior Clinical Lecturer in Forensic Psychiatry, University of Oxford. He was formerly the Clinical Director of the Trust's forensic mental health services (2006-11) and the Trust’s Medical Director (2011-16). Previously he was a Senior Clinical Lecturer in Forensic Psychiatry at the Institute of Psychiatry in London and Consultant Forensic Psychiatrist at Broadmoor Hospital's Personality Disorder Unit (1992-99). He has worked for over 20 years with the Council of Europe (CoE), especially in Eastern Europe and countries of the Former Soviet Union, training staff in prisons and psychiatric hospitals on human rights issues and also working as an Expert inspecting detention facilities with the CoE’s Committee for the Prevention of Torture & Inhuman & Degrading Treatment or Punishment (CPT). He was awarded the RCPsych president's Medal in 2014 and the OBE in 2017.
Professor Paul Mullen
Emeritus Professor of Forensic Psychiatry, Monash University, Melbourne
Paul Mullen is Professor Emeritus at Monash University. Previously he had been a consultant at the Maudsley and Bethlem Hospitals and Senior Lecturer at the Institute of Psychiatry London [1978-1982], Professor of Psychological Medicine in Dunedin, New Zealand [1982-1992], and Professor/Director of the Victorian Institute of Forensic Psychiatry, Australia [1992-2010] which provides the forensic mental health services to the State, including secure hospital and community services. Subsequently he worked as a consultant to Victoria’s Child Protection Services and Correctional Services whilst having a private forensic consulting practice.

Professor Mullen has been an active researcher throughout his long career, publishing over 200 papers in refereed journals, some 60 chapters in textbooks, and co-authoring books on child sexual abuse, jealousy, and stalking. His research interests have included, the long term impact of child sexual abuse, stalking, jealousy, the relationship between psychosis and criminal behaviours, assessing and managing the threat to politicians and heads of state, as well as querulous behaviour. Eleven of his papers in the areas of child sexual abuse, stalking, and mental disorder and offending have been cited over 500 times and 60 of his publications over 60 times.

Clinically he has been involved for many years in assessing and managing mentally abnormal offenders. He has assessed a number of lone actor mass killers including some claiming to be politically motivated. He has also evaluated members of terrorist groups including at Guantanamo Bay.

Masterclass 3 - Delusional Disorder
Friday 09:00 - 10:30
Psychiatry in general, and forensic psychiatry in particular, is facing not just challenges but changes which threaten the very existence of the specialty as we know it. At stake is the provision of adequate care for our patients. The control consultants are able to exert over admissions, discharges, and even management is being eroded. Funding decisions, which are in fact decisions on what not to fund, are occurring independent of frontline clinicians. Moving the focus of the care for mentally abnormal offenders back into the prisons saves money at the cost of decent care for a disadvantaged and vulnerable group of patients. The growth of private for profit forensic services facilitates politicians and senior managers washing there hands of the effects of deteriorating standards of care whilst further stripping funds from the public services. The talk will hopefully offer more than a cry of rage.

Professor Tonia Nicholls
Professor, Psychiatry, University of British Columbia, Canada
Dr. Tonia Nicholls is Professor, Department of Psychiatry, University of British Columbia and Distinguished Scientist at the Forensic Psychiatric Services Commission, BC Mental Health & Substance Use Services. She also holds several cross-appointments at UBC including the School of Population and Public Health and an Adjunct appointment in the Department of Psychology, Simon Fraser University.
She obtained her MA and PhD from Simon Fraser University in Law and Forensic Psychology, and completed a Postdoctoral Fellowship in Psychiatry, UBC and the BC Institute Against Family Violence. Her research examines the intersections of law and mental health related to the provision of services to persons in conflict with the law and diverse marginalized populations (e.g., forensic psychiatric patients, inmates, individuals who are homeless and mentally ill, and civil psychiatric patients).

Professor Nicholls is particularly interested in the assessment and treatment of violence and criminality and the development and implementation of evidence-based practice. To that end, she has published several manuals to support the translation of research into practice and has actively engaged in large-scale implementations and evaluations. These include measures to inform: violence risk assessments and mental health screening in correctional settings (Jail Screening Assessment Tool (JSAT), Nicholls et al., 2005), broad-scale mental health assessments and treatment planning for diverse mentally ill and justice-involved populations (Short-Term Assessment of Risk and Treatability – adult and adolescent versions (START) Webster et al., 2009; (START:AV), Viljoen, Nicholls et al., 2014) and service planning for women experiencing abusive intimate relationships (Decision-making In Abusive Relationships Interview (DIARI), Nicholls et al., 2016).

Her scholarly work earned her the American Psychological Association Award for Distinguished Professional Contributions, the Canadian Psychological Association President’s New Researcher Award and the Chad Buckle Visiting Fellowship in New Zealand. In 2007, she received a Michael Smith Foundation for Health Research Career Scholar award (2007-2013). She also held a Canadian Institutes of Health Research (CIHR) New Investigator salary award (2011-2016) and a MIND Foundation Young Investigator award. Most recently she received a CIHR Foundation award (> $2 million; 2015-2022) to fund research relevant to victimization, crime and violence among mentally ill and marginalized populations. In total, she has been a team member on grants and awards totaling over $15 million.

Dr. Nicholls was the BC lead on a team that received the 2017 Canadian Psychological Association Criminal Justice Section Significant Contribution Award for a study examining all persons found Not Criminally Responsible on account of Mental Disorder in BC, ON, and QC (https://www.mentalhealthcommission.ca/English/document/71181/national-trajectory-project; https://ntp-tn.org). She and her team have now received CIHR funding to continue this program of work and extend the study to 2010-2015 across 8 provinces.

A selection of her publications can be found on reseachgate and pubmed.
https://www.researchgate.net/profile/Tonia_Nicholls/contributions
Manuals
CALMED, the world’s first randomised controlled trial of Clozapine for inpatients with severe borderline personality disorder 2019-2021

Thursday 14:00 - 15:30

Rationale: A significant proportion of inpatients in secure hospitals meet criteria for borderline personality disorder (BPD). Despite guidance to the contrary many patients are treated with medication. This routine prescribing of medication to manage BPD was confirmed in UK secure hospitals where clozapine has become the antipsychotic of choice for a significant proportion of inpatients. However, clozapine can also cause potentially serious adverse effects. CALMED will provide the first high quality evidence for what is an already common clinical practice. It is a two-arm, parallel group, double-blind, placebo-controlled randomised trial.

Session objectives: In this presentation and Q&A the audience will be introduced to CALMED, scheduled to start in January 2019. The audience will be reminded of current treatment guidelines for BPD and the findings of a recent prescribing survey. The audience will learn about the need for the study, its aims and the protocol. In the Q&A we will address any of the audience’s questions and concerns.

Learning points: Understand the current guidelines and evidence base for planning treatment for patients with borderline and dis-social personality disorders. Understand the role that clozapine may have, but also its disadvantages. Understand the design of the CALMED trial and what it may offer.
separation from families. Despite this, there are few interventions aimed at preventing self-harm in prison and no robust evidence base for their clinical or cost-effectiveness. This presentation will describe work being conducted in the English women’s prison estate to develop and evaluate interventions for self-harm, including a psychotherapeutic treatment and medical skin camouflage. This project will improve the evidence base for managing self-harm in this population.

**Square pegs in round holes – people with high functioning autism in forensic settings**  
*Thursday 16:00 - 17:30*

Epidemiological research suggests that people with High Functioning Autism are over-represented within forensic populations, although men with HFA are no more likely than the general population to commit serious offences. This symposium will look at empirical research conducted by the researchers themselves among people with HFA within both community and forensic settings. The presenters will also draw on their clinical experience as psychiatrists to suggest strategies for improving the care provided for this unique group.

**KEY LEARNING POINTS**

1. HFA and forensic issues - what do we know from research?
2. HFA within forensic setting - how to screen, diagnose and assess?
3. HFA in forensic settings - what are the unique issues?

**Dr Sergio Rosales-Rodriguez**  
*Medical University of Vienna, JA Gollersdorf*

**Treatment of offenders regarded as not guilty for reasons of insanity in Austrian forensic institutions**  
*Thursday 14:00 - 15:30*

Treatment of offenders regarded as not guilty for reasons of insanity in Austrian forensic institutions  
**Presenters:** Dr Alexander Dvorak, Austrian Ministry Of Justice, JA Gollersdorf  
Dr Gerhard Ortwein-Swoboda, Austrian Ministry Of Justice, JA Gollersdorf  
Prof. Dr. Thomas Stompe, Medical University Of Vienna, JA Gollersdorf  
Dr. David Holzer, Medical University Of Vienna, JA Gollersdorf  
Dr. Sergio Rosales-Rodriguez, Medical University Of Vienna, JA Gollersdorf  
**Rationale**  
The Forensic Faculty conference in Vienna, Austria is an opportunity to learn about the host country’s criminal justice and forensic mental health systems. This symposium will allow attendees to discover details of the Austrian population of offenders not guilty for reasons of insanity (NGRI) concerning their crimes, diagnoses, lengths of stay and the individual needs for treatment up to the point of release.  
**Session Objectives**  
In this session various aspects of the treatment of mainly schizophrenic patients detained under the Austrian penal code § 21/1 will be discussed. The underlying data was acquired in the penitentiary institution of Gollersdorf. Apart from the local Austrian aspects different questions regarding this population of offenders in general will be covered. Important aspects of dealing with new challenges brought by the ongoing changes in the legal framework, the composition of newly admitted patients and the difficulties and barriers for release will be discussed. The rising number of admitted migrants and the accompanying issues will also be addressed.  
**Key learning points**  
By the end of the session an attendee will be able to:  
1. Describe the Austrian system and pathway from admission until release for offenders not guilty for reasons of insanity.  
2. Have an insight into various limitations met while treating and preparing these
offenders for release. 3. Have an overview over the facilities needed for a successful rehabilitation into the community including specific after care.

Dr Callum Ross
Consultant in Forensic Psychiatry, West London Mental Health Trust

The management of transgender people in secure services
Thursday 14:00 - 15:30
In 2011 the government published its action plan for transgender equality, which described suggested changes to the commissioning and provision of services for transgender people. Little is known of the number of transgender people in secure mental services; we will present the findings of a nationwide census of secure mental health services. We will discuss the prevalence of gender identity disorders. Through the presentation of a contentious case history, we will discuss the challenges of assessing and managing people with gender identity disorder within secure mental health services. We will explore the interface with disorders of sexual preference, including fetishistic transvestism. We will consider the differences between users of secure mental health services and prisoners who report symptoms of gender dysphoria. We will describe the relevant legislation and central policy and we will discuss important case law around the management of transgender people in secure services. Our proposed format is: 1. Review of legislation, case law and central policy 2. Presentation of findings of national census of transgender people and best practice in secure services 3. The challenges in the assessment and management of transgender people in secure services 4. The relationship between individual needs and risk

Educational goals: 1. To understand the needs of transgender people in secure services 2. To understand the size of need and the profile of current service provision 3. To understand the relevant legislation, case law and policy relating to transgender people 4. To understand the relationship between individual needs and risk

Dr Nat Rowe
Consultant Forensic Psychiatrist, Birmingham and Solihull Mental Health Foundation Trust
Dr Rowe has been a consultant forensic psychiatrist since 2006, based in Birmingham. She has worked in a variety of settings and roles, and is currently based in a low secure unit. She has been part of the Prevent in Place team since 2016 and provides a forensic psychiatric perspective in the multi-disciplinary team meetings, as well as carrying out assessments of complex cases.

Use of formulation to understand risk of violent extremism in individuals with poor mental health: examples from clinical practice
Thursday 16:00 - 17:30
A plethora of models from a wide range of theoretical perspectives have attempted to explain why some individuals commit terrorist atrocities. However, applying these theoretical models to individuals in clinical practice is highly problematic; extremism in all its forms is complex and multifaceted and weak associations are consistently found between any individual factor and risk. To further complicate matters, despite 30-40% of Prevent referrals presenting with a broad range of mental health and psychological difficulties the functional link with extremism, if there is one, is poorly understood. Prevent In-Place is an innovative NHS-Police partnership which aims to improve
clinical and criminal justice outcomes for individuals with mental health and psychological difficulties identified as at risk of radicalisation, safeguard individuals from being drawn into extremism and reduce the risk to the public from terrorism. The presentation will describe the clinical, operational and strategic learning gained over the first three years of practice, and more specifically: 

- The characteristics of individuals referred to Prevent based on a review of the unique dataset comprising approx. 1000 cases
- The operational, strategic and ethical issues that arise for mental health professionals in practice and the approaches that have sought to address and manage these
- Case examples to illustrate how a service model based on formulation may bridge the gap between theory and clinical practice in this highly complex area of risk.
Dr Sarah Rybczynska-Bunt  
*Research Fellow, University of Plymouth*

**Exploring mechanisms of impact for the Engager Intervention to determine ‘what works for whom, where, why, and when’**

**Thursday 16:00 - 17:30**

Engager is a collaborative care intervention for prison leavers with common mental health problems (including those with substance misuse, personality disorder, homelessness and risk to self). Practitioners offer practical and emotional support, before and after release, to support participants’ social and emotional goals. The intervention includes ‘day-of-release’ support and a mentalisation based approach. The RCT of 280 participants is reporting at the 2019 Faculty Conference.

The process evaluation is examining ‘what works for whom and in what circumstances’ (Pawson & Tilley, 1997). Based on the pilot trial, we produced a logic model of how the intervention should work: what practitioners were asked to do, and the mechanisms hypothesised to achieve outcomes. We used a mixed-method, case-based approach to explore the non-linear ways in which participants responded to the intervention, conducting qualitative and quantitative interviews with participants, family/friends, Engager/Other Service practitioners, and researchers.

The findings suggest there are commonalities between participants’ experiences of how the core intervention was delivered (e.g. practitioners being honest) and mechanisms activated (e.g. reducing perceived power imbalances); few negative experiences were reported. The results also highlighted the unique trajectories of participants’ experiences, including the value they placed on certain practitioner actions and the individualised rationales for why others were not delivered. The results suggest implementation was substantial given the adverse context and validate the importance of the individualised approach to prison-leavers’ care in Engager. Until the results of the trial are revealed we cannot be clear whether the intervention has generated improved mental health, social inclusion and quality of life.
Professor Hans Schanda

Professor of Psychiatry, Medical University of Vienna, former Medical Director of Justizanstalt Goellersdorf

After a short survey of the actual data on violence of and against the severely mentally ill, the presentation will focus on possible reasons for the still high rates of morbidity, premature death (especially by suicide) and social exclusion of this group of patients and, in particular, on the increasing numbers of admissions to forensic mental hospitals. This development cannot exclusively be explained by the introduction of the psychiatry reforms in general or by single details of modern mental health care. Rather, it has to be seen in a wider context: Compared with all other medical specialties, psychiatry is to a higher degree dependent on the ruling ‘zeitgeist’. It will be demonstrated that the aforementioned development reflects to a great extent the atmosphere and the emotional situation of our modern society.

Dr Piyal Sen

Consultant Forensic Psychiatrist, Elysium Healthcare and Institute of Psychiatry, Psychology and Neurosciences, King’s College London

Dr Piyal Sen is a Consultant Forensic Psychiatrist working as Medical Director in Chadwick Lodge and Eagleton View, a secure unit in Milton Keynes under Elysium Healthcare which admits male and female patients from medium secure to open rehabilitation. He is also a Visiting Lecturer with the Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King’s College, London. He has a specialist interest in personality disorder and is a member of the Board of Directors and Treasurer of the British and Irish Group for Studies in Personality Disorder (BIGSPD), the largest academic and clinical forum for professionals and service users in the field of personality disorder. He also has a research interest in personality disorder within Asians and has carried out published research in this field. He is a Principal Investigator for the randomised controlled trial of Clozapine in borderline personality disorder led by Prof Michael Crawford from Imperial College, the first clinical trial of its kind in the world.

CALMED, the world’s first randomised controlled trial of Clozapine for inpatients with severe borderline personality disorder 2019-2021

Thursday 14:00 - 15:30

This presentation will review the evidence base for the use of Clozapine in borderline personality disorder. Clozapine use is becoming increasingly common for patients in long stay inpatient wards but nowhere near as common for outpatients suffering from borderline personality disorder. What is lacking at the moment is evidence from a randomized controlled trial. However, there is already a substantial body of scientific evidence and clinical experience supporting the use of Clozapine in borderline personality disorder, which this presentation will review.

Professor Sandy Simpson

Chief, Forensic Psychiatry, Centre for Addictions and Mental Health, Toronto, Canada
Dr. Simpson is Associate Professor in the Division of Forensic Psychiatry of the Department of Psychiatry, University of Toronto and is Chief of Forensic Psychiatry and Clinician Scientist at the Centre for Addiction and Mental Health. He has served in directorial and advisory roles on the International Association of Forensic Mental Health Services, the International Academy of Psychiatry and Law, and the Canadian Academy of Psychiatry and Law and is a member of multiple Committees of the American Academy of Psychiatry and Law. He is a member of the Editorial Board of Criminal Behaviour and Mental Health, the Canadian Journal of Psychiatry and the International Journal of Risk and Recovery. He has over 100 refereed papers, book chapters and monographs.

His academic, teaching and research interests are in the area of the interaction of the law and people with serious mental illness (SMI), how we understand pathways to risk, into criminal justice system and for therapeutic intervention and recovery. He is committed to improved understandings, services, outcomes and jurisprudence for persons with SMI who are criminal justice involved. His clinical and service development activities are currently in correctional mental health including in research and in international networks.

**Masterclass 2 - Screening, triage and logic models of care in places of detention**

*Friday 09:00 - 10:30*

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**Pia Sinha**

*Her Majesty’s Prison Liverpool*

Pia Sinha qualified as a chartered psychologist and started her prison career in 1999, working in London’s Holloway women’s prison. Her primary focus as a psychologist was working with offenders with personality disorders and setting up services within the custodial environment that helped offenders address serious self-harm and violent behaviour. Having worked as a psychologist, in many of the London and Surrey prisons, including Wormwood scrubs and Wandsworth prison, in 2009, Pia was selected on a fast-track scheme. Through this scheme Pia had to train and work as a prison officer and received operational training. Following a number of senior management positions, Pia came to the North-west on promotion to Deputy Governor for HMP Liverpool in 2012. This was followed by her first Governorship at HMP Thorn Cross in Cheshire and then HMP Risley two years later. Pia has been Governor at HMP Liverpool since November 2017. This appointment was a managed move in response to the poor and high profile inspection that took place in September 2017. HMP Liverpool’s re-inspection is imminent and Pia and her senior team have been working on a number of complex projects to deliver improvements on all the ‘healthy prison tests’ as identified during the inspection.

**Taking a rights-based approach to the delivery of rehabilitation in Liverpool prison**

*Thursday 09:20 - 09:40*

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**Dr Shubulade Smith**
Premature morbidity and obesity in forensic patients: can we change this terminal pathway? A prevention and treatment action plan.

Thursday 16:00 - 17:30

Research has shown that patients with major mental illness die prematurely. Within the high security psychiatric population of Scotland and Northern Ireland, a twenty year follow-up study found an average age of death of 54 years with 16 and 24 years of life lost for men and women respectively. The causes of death were primarily respiratory and cardiac disease and the risk factors for these diseases include smoking and obesity. Smoking within a high secure setting has no longer been permitted since 2011 but across the Forensic Network in Scotland 73% of patients are obese or overweight and this is over 80% within the high and medium secure populations. It is vital that we address this issue so that we do not have similar findings in another twenty years. This session examines the current issues of obesity and premature mortality across the Forensic Network in Scotland. It will focus on the 15 point Healthy Choices Plan designed within the State Hospital to improve the physical health of patients. This is divided into actions for prevention and for treatment. Outcomes of this plan will be presented and the complex issues of individual choice versus institutional duty of care explored.
Hannah Taylor
Senior Associate, Bevan Brittan LLP and Chair of the South West Court of Protection Practitioner Association

As a Partner in Bevan Brittan’s healthcare team I advise on a wide range of medical law and human rights issues – including mental health, capacity, best interests and deprivation of liberty cases (Articles 5 and 8), serious medical treatment cases, safeguarding vulnerable adults and children, applications to the First and Upper Tier Tribunal (Mental Health), Court of Protection and the Inherent Jurisdiction of the High Court as well as legal frameworks for packages of care for service users whose behaviour challenges. I have a particular interest in mental health law and my specialist practice area is the interface between the Mental Health Act and the Mental Capacity Act. I frequently deliver seminars and training presentations to a wide range of audiences (including the Royal Colleges) and draft articles and briefings in this rapidly developing, but highly nuanced field.

Deprivation of Liberty: Practical problems with conditional discharges
Thursday 16:00 - 17:30

Following the Court of Appeal’s controversial decision in SOSJ –v- MM & Welsh Ministers –v- PJ [2017] EWCA Civ 194 care co-ordinators and commissioners alike had been battling with the practical difficulties of conditional discharge, to circumstances which amount to an objective deprivation of liberty, for patients who have capacity. For such patients who are still in hospital, the upshot was that their detention was likely to be significantly extended. The more complex challenge was what to do for all the patients who are already conditionally discharged (and have, in some cases, been successfully so for many, many years), in circumstances which are an objective deprivation of liberty – who suddenly, were currently unlawfully deprived of their liberty? This session will consider the practical and legal implications and potential options for this tricky issue. It will also address the updates arising from the cases which have been considered separately by the Supreme Court. We will encourage discussion and debate about real examples that delegates are facing, and their experience with the Ministry of Justice in relation to negotiating reductions in restrictions and commissioners in procuring appropriate packages of support.
Dr Pratish Thakkar
Consultant in Forensic Psychiatry, Tees, Esk and Wear Valley NHS Trust

Future mental health care in prisons - where are we now and what should come next?
Thursday 14:00 - 15:30

This symposium focuses on mental health care in prisons. It begins by reviewing the international position, before then considering the national situation in England and Wales. Recent difficulties, including increases in self harm, suicide and violence, and institutional problems, are described, and the vision from NHS England regarding the way forward is then presented. Innovation will play a vital role if future improvements are to be made, and a number of local and regional initiatives will be described. Various providers and NHS England have responded to challenges by innovative initiatives. These include a transition ward in prison, rapid prison transfer and remittal wards, improvements in CPA processes in prisons, and innovations in managing substance misuse in prison settings. The role of these innovations in carving a new future for prison mental health services will then be discussed and audience questions and comments will be encouraged. The main 3 learning points will be 1. Current and future challenges in prison mental health care. 2. Innovations to meet these challenges. 3. Lessons learnt from the innovative pilots in mental health and substance misuse treatments.

Session outline– Chair – Dr Andrew Forrester
Dr Andrew Forrester: Session overview, international and national situations
Kate Morrisey – The current situation and the desired future
Dr Steve Barlow, Dr Pratish Thakkar and Dr Sandeep Mathews: Innovations, including a transition ward in prison, rapid prison transfer and remission wards and improvements in prison CPA processes
Dr Pamela Walters – Innovations in managing substance misuse in prisons

Dr Derek Tracy
Consultant Psychiatrist, Oxleas NHS Foundation Trust

Derek Tracy is a Consultant Psychiatrist and Clinical Director at Oxleas NHS Foundation Trust, London, where he leads a nationally innovative integrated directorate encompassing adult social care, mental and physical health services. He is a Senior Lecturer at King’s and University College London, running three MSc modules, and he has published over seventy peer-reviewed scientific papers and seven book chapters. In 2018 he was elected to the executive of the Royal College of Psychiatry’s academic faculty. His current research interests include novel psychoactive substances (‘legal highs’), and Derek is a member of the Advisory Committee on the Misuse of Drugs that provides expert scientific advice to the UK Home Office on drug harms. Derek is a board member of the British Journal of Psychiatry, writing its Kaleidoscope column, and leads the BJP’s public engagement arm that runs its twitter, podcast, and blogs. He is a Fellow of the Higher Education Academy, the Faculty of Medical Leadership and Management, the Royal Society of Arts, and the Royal College of Psychiatrists.

Derek is a Trustee of the charity “In Your Corner” that promotes well-being in disadvantaged individuals through boxing. He likes running, the Stone Roses, and enthusiastic people; he hates butter, cats, and whinging.

Novel psychoactive substances: identifying and managing acute and harmful use
Thursday 10:00 - 10:20
Several hundred novel psychoactive substances (NPS, also incorrectly known as ‘legal highs’) have been identified in the past few years. The issue is a growing concern but clinicians often feel uncertain and confused by this large new field, not least in terms of presentations, risks, and management. Whilst it can seem like an issue for addiction services, the reality is that substance misuse is a challenge for all mental health professionals. Forensic services in particular have seen huge rises in the use of synthetic cannabinoids ('spice') that are very hard to detect through standard screening, and which can produce very agitated and aggressive presentations. This talk will provide a rational framework for understanding NPS and their management, including future substances that might be synthesized.

Dr Gerard Waldron
Consultant in Forensic Psychiatry, East London NHS Foundation Trust
I am a consultant for the past 17 year in the John Howard Centre where I have treated patients from the start of their hospital stay through to follow up in the community. In recent years I have taken up a new role working as the psychiatrist to a provision PIPE at Swaleside prison, part of the OPD pathway. I was involved in a research project on this subject, which was a paper on length of stay (Factors associated with length of admission at a medium secure forensic psychiatric unit, the journal of forensic psychiatry and psychology, 2011)

Debate: This house believes that the indefinite restricted hospital order in its present form is no longer fit for purpose
Wednesday 14:20 - 15:20

Dr Pamela Walters
Consultant in Forensic and Addictions Psychiatry, South London and Maudsley NHS Foundation Trust
Future mental health care in prisons - where are we now and what should come next?
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Dr Pamela Walters – Innovations in managing substance misuse in prisons

Professor Sir Simon Wessely
Regius Professor of Psychiatry, King’s College London
Professor Sir Simon Wessely is Professor of Psychological Medicine and Regius Professor of Psychiatry at King’s College London and a Consultant Liaison Psychiatrist at King’s College and the Maudsley Hospitals. He is also past President of the Royal College of Psychiatrists.
His doctorate is in epidemiology, and he has over 700 original publications, with an emphasis on the boundaries of medicine and psychiatry, unexplained symptoms and syndromes, population reactions to adversity, military health, epidemiology and others. He has co-authored books on chronic fatigue syndrome, randomised controlled trials and a history of military psychiatry.
Professor Wessely is also President of the Royal Society of Medicine.

Dr Laura Weston
Research Assistant, University of Plymouth

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Dr Marc Woodbury-Smith
Clinical Senior Lecturer/Honorary Consultant, University of Newcastle

Square pegs in round holes – people with high functioning autism in forensic settings
Thursday 16:00 - 17:30
Epidemiological research suggests that people with High Functioning Autism are over-represented within forensic populations, although men with HFA are no more likely than the general population to commit serious offences. This symposium will look at empirical research conducted by the researchers themselves among people with HFA within both community and forensic settings. The presenters will also draw on their clinical experience as psychiatrists to suggest strategies for improving the care provided for this unique group.

KEY LEARNING POINTS
1. HFA and forensic issues - what do we know from research?
2. HFA within forensic setting - how to screen, diagnose and assess?
3. HFA in forensic settings - what are the unique issues?