

SoFMH
School of
Forensic
Mental Health



FORENSIC MENTAL HEALTH SERVICES
MANAGED CARE NETWORK
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**FORENSIC MENTAL HEALTH SERVICES
MANAGED CARE NETWORK**

ANNUAL REPORT 2015-2016

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Foreword from Chair of Forensic Network Advisory Board



It is a great pleasure to introduce this Annual Report. In 2003 when I was invited by Scottish Ministers to establish the network it was an exciting time with the introduction of the new Mental Health (Care and Treatment)(Scotland) Act (2003). The Act introduced for patients at the State Hospital, the right to Appeal to being detained in an environment of excessive security; this right has recently been extended to medium security. We started with the outcome of a review of the State Hospital in 2002: 'The right place, the right time'. Hopefully in 2016 we are close to achieving this goal for

patients in forensic mental health services in Scotland.

The Report details where the network has influenced policy, supported staff and has established through the School, an impressive portfolio of courses to meet the needs of all staff working within Forensic Mental Health Services.

More recently with the development of the National Prisoner Health Network and the Network for care in Police Custody, there have been opportunities to learn from the Forensic Network's successful model in developing best practice and influencing service planning. The Report highlights just some of the joint working in custodial settings.

It must be emphasised that all the Forensic Network's successes are due to people – clinicians across the professions devoting their time as experts in the field; planners and support staff and with the support of Scottish Government this has undoubtedly been a winning formula for over a decade. My thanks to all who have contributed to the work of the Network and I look forward to continuous development of the Network as it matures into the future.

Andrea Adamson
NHS Director of Health and Justice



The Forensic Network Stand at NHS Scotland Event

Executive Summary of Achievements

The Forensic Mental Health Services Managed Care Network (Forensic Network) is pleased to provide a report on the work of the Forensic Network and the School of Forensic Mental Health (SoFMH) from April 2015 to March 2016. This year significant work has been undertaken regionally and nationally to continue to improve standards of care and service delivery across the forensic mental health estate. The Forensic Network continues to prosper and provide advice and support within and beyond Scotland. Many members of the Network team are regularly invited to speak at conferences, regionally, nationally and internationally on our work.

The work of the Forensic Network would not be possible without the input of a range of professionals. We would like to thank all those involved with the Forensic Network for their commitment and contribution this past year, which make all these achievements possible.

Key achievements in 2015-2016:

Clinical Developments

- Drug Testing Protocol developed and rolled out based on the Report, '*Drug Testing for Restricted Patients*' (Forensic Mental Health Services Managed Care Network, 2015).
- *The Forensic Network Victim's Rights Group Report* (Forensic Mental Health Services Managed Care Network, 2016) completed and submitted to Scottish Government.
- *Psychological Approaches to Personality Disorder in Forensic Mental Health Settings* (Russell, 2016) completed and best practice guidelines established. Following this a Personality Disorder Training Strategy was also developed.
- Continued work around patient flow and a pan-dimensional Scotland approach to service provision, including support of the National Forensic Mental Health Services Estate Review.
- New High Intensity protocols were developed by the Psychological Therapies Matrix Group: *Planning for the Future; Connections*.
- A Pharmacy Transition Information Document was implemented by the Forensic Pharmacy Group, for patients transferring within forensic sites.

Continuous Improvement

- Standards updated for high, medium and low security Continuous Quality Improvement Framework reviews.
- Third Forensic Network Census was held on 26th November 2015.
- Clinical Fora facilitated on several developing and cutting edge topic areas, to support further and continued professional development across the network.
- The Forensic Network supported and facilitated a Clinical Forum for GP's working in Prisons in conjunction with the National Prisoner Healthcare Network.
- The first Lead Nurse Annual Conference was successfully launched.
- The Forensic Network supported and developed the NPHN Mental Health Implementation Report.
- A new system has been developed to improve learning from incidents across the Forensic Network through the sharing of Critical Incident Reviews.
- A national licence for use of the risk assessment instrument (Historical Clinical Risk Management-20 Version 3) has been negotiated.

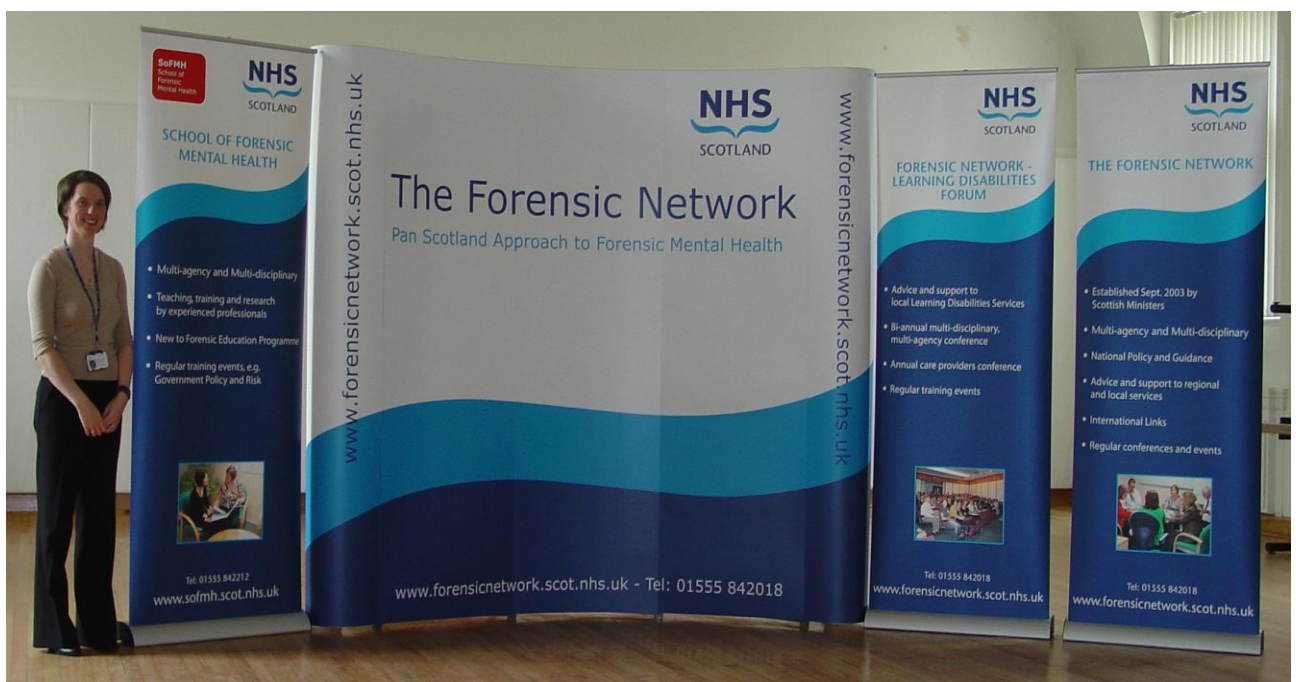
Education and Research

- Two new eLearning modules developed: *See, Think, Act; Working with Offenders with Personality Disorder*.
- Awarded NES contract to develop Approved Medical Practitioner courses.
- *Safety and Stabilisation Training, Introduction to Cognitive Analytic Training and Mentalisation Based Treatment Training* were all developed and delivered in conjunction with NES.
- Research commenced into the Forensic Psychological Matrix.
- The fourth annual National Forensic Network Research Conference was facilitated.
- Development of research Joint Review Protocol to promote and support cross network research studies.

It should be highlighted that this report focuses on activities and achievements within the last 12 months, however it does not detail all activities but rather provides an overview of highlights.

The coming year provides many new and exciting challenges for both the Forensic Network and the SoFMH, including the second round of Continuous Quality Improvement Reviews and the development and delivery of new training courses. We look forward to continuing to work with colleagues across the estate in the coming year to coordinate national responses and ensure against duplication of effort, and to improve patient care and services. We also look forward to continued work with our Scottish Government colleagues and are grateful for their ongoing support.

If you would like to find out more about the work of the Network or SoFMH, please contact Nicol Shadbolt, Forensic Network Manager, by email: nicol.shadbolt@nhs.net or telephone: 01555 842018.



1. Background, Structure and Governance

1.1 Background of the Forensic Network

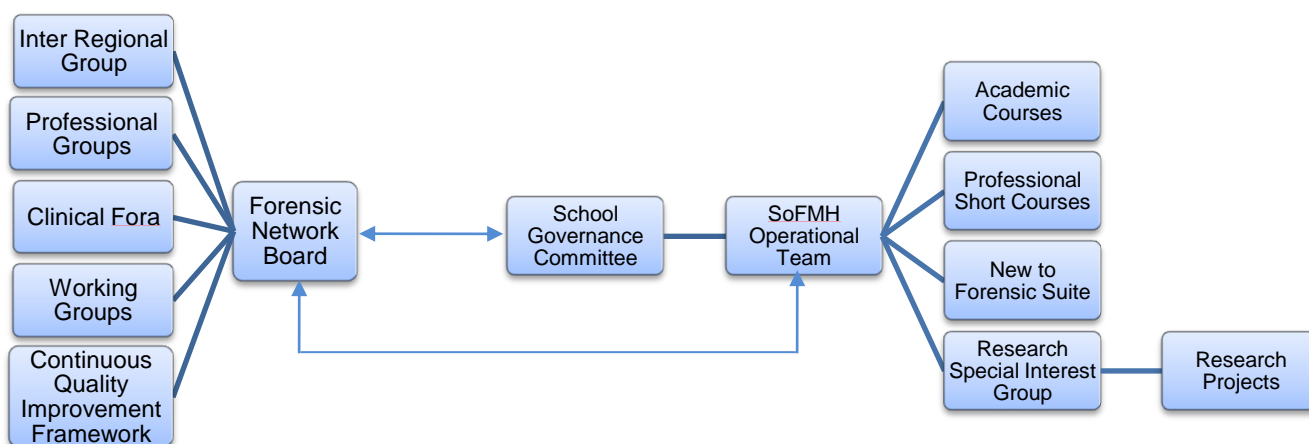
The Forensic Network was established in September 2003, following a review of The State Hospitals Board for Scotland 'The Right Place-The Right Time'(Scottish Executive Health Department, 2002). It was established to address fragmentation across the Forensic Mental Health Estate, to overview the processes for determining the most effective care for mentally disordered offenders, consider wider issues surrounding patient pathways, and align strategic planning across Scotland (Gordon, 2003; Scottish Parliament, 2003).

Aims

Scottish Ministers requested that the Network bring a pan-Scotland approach to the planning of services and patient pathways, including the commissioning of research to establish an evidence base for future service development.

Structure and Governance

These aims are achieved through the coordination of a national oversight group known as the Network Advisory Board, the development of regional Multi-agency structures with links to NHS Regional Planning Groups which drive forward progress at a regional level, and the commissioning of short life working groups who are allocated responsibility on a range of topic specific or geographical specific projects, providing direction where national guidance is required. The Forensic Network take guidance and direction from our Clinical Leads; Dr Fergus Douds Clinical Lead for Learning Disabilities; Dr Martin Culshaw Clinical Lead for Women; and Dr Raj Darjee Clinical Lead for MAPPA and the NHS Lothian Sex Offender Liaison Service (SOLS).



Since the recognition of need for a managed care network, the Forensic Network has aptly risen to the challenge of achieving those initial identified aims. The Forensic Network's multi-agency approach facilitates information sharing across the estate and strong working relationships with our partners in the third sector and with regional associates which allows for continual improvement to the planning of services and the patient journey across the forensic mental health estate. The Forensic Network has worked with regional and government colleagues to develop national policy on the configuration of services and the assessment and management of restricted patients. The predominate focus of the Forensic Network's attention has been on key issues, such as: defining levels of security; services for LD; services for women; personality disorder; as well as planning the configuration of the forensic estate, resolving clinical conflicts and liaison between Scottish Prison Service and NHS Services.

The Network hosts and supports several professional groups who provide guidance on best practice, in collaboration with national leads it organises Clinical Fora which provide opportunities for continued professional development and keeping abreast of new research and developments in relative fields. In conjunction with Healthcare Improvement Scotland the Forensic Network developed a Continued Quality Improvement Framework based on standards of care and treatment developed for all levels of security across the forensic mental health estate. In addition, the Network has also hosted and co-hosted several national conferences, and has developed strong international links, being represented on the boards of both the International Association of Forensic Mental Health Services (IAFMHS) and the International Institute of Mental Health Leadership (IIMHL).

The School of Forensic Mental Health (SoFMH)

1.2 Background of the School of Forensic Mental Health

The Forensic Network plays host to the School of Forensic Mental Health (SoFMH), which was established in 2007. It is a virtual School that is available to colleagues and associates from across the Forensic Network to assist with any teaching, training and research needs. The SoFMH has access to many experienced professionals and can support services in the development of teaching materials, courses or research in the field of forensic mental health services. The model involves expert clinicians active in the forensic field developing and delivering short courses in multi-agency fora. High standards of teaching are maintained and governed rigorously.

Aims

The SoFMH aims to:

- improve the quality of response, care, treatment and outcomes for people with a mental disorder who come into contact with, or whose behaviour puts them at risk of contact with the criminal justice system, in ways that are non-discriminatory, promote equality and respect diversity;
- effect a shift in the overall institutional culture of services to one which emphasises care and treatment in a variety of settings, and the promotion of positive mental health delivered on a multi-disciplinary and multi-agency basis;
- improve public safety through enhanced risk assessment and risk management;
- offer multi-level and progressive provision of learning across the College and University interface; and
- enhance clinical practice through the development and promotion of findings from large scale research projects.

Structure and Governance

The SoFMH is governed by a committee who meet biannually and an operational team who meet bimonthly and report to the Governance Committee.

To date, the School has had commissions from the Scottish Government, NHS Education Scotland, Police Complaints Commission, Risk Management Authority, and Scottish Social Services Council, as well as services across Scotland. The School regularly develops and delivers relevant training, including the New to Forensic programme suite, psychological therapies training, risk training, and updates on policy. The School has already become an invaluable resource providing innovative practice and cost effective solution to teaching, training and research needs across Scotland. It is the primary educator in the forensic field in Scotland and hosts an annual research conference showcasing achievements from across the forensic mental health estate.

2. Director Report

I am delighted to present the first public report on the work of the Forensic Mental Health Services Managed Care Network and the School of Forensic Mental Health.

I can remember a time not so long ago when forensic patients were either in the State Hospital, where over half of them did not require high secure care, or a local locked ward with no bespoke facilities; when communication between services was very poor; and when staff struggled to find appropriate educational opportunities. Indeed some attended a forensic medicine course and learnt about gunshot wounds but were excused the session on forensic mental health! The founding by Scottish Government of the Forensic Network and the subsequent creation of the School of Forensic Mental Health has changed all of that. We have developed a range of secure services for mentally disordered offenders; systems to ensure good communication, and to identify and resolve issues; a continuous quality improvement framework to drive forward standards and change; and research and educational initiatives to ensure that our services and staff are at the forefront of forensic practice.



This report sets out the activities of the Network and School from April 2015 to March 2016, and the challenges that face us in the coming year. These include ensuring our forensic estate meets the needs of our patients, that we tackle our patients' major physical health issues, that we put in place processes to manage the use of novel psychoactive substances and that we take the opportunity to optimise the outcomes of the second round of the Continuous Quality Improvement Framework Reviews. In addition, we need to ensure that the assessment and management of the mental healthcare of prisoners is improved, and that the issues and solutions identified in our work with the National Prisoner Healthcare Network are taken forward.

I would express my thanks to all of you across the Forensic Network for your hard work and your input into our joint endeavours through your participation in the Clinical Fora, School, professional groups, short life working groups and inter-regional group; and to the clinical leads, consultant nursing staff, research and development manager, and administrators. In particular, I would like to acknowledge the tremendous contribution of Viv Gratton, our Forensic Network manager for over a decade. Viv has moved on to a new post within the NHS and we wish her well with this. I was delighted that we were able to appoint Nicol Shadbolt to this role. Nicol comes to us from a background in forensic psychology in the Scottish Prison Service and her familiarity with our work has already been of great assistance.

Professor Lindsay Thomson

Director, Forensic Mental Health Service Managed Care Network and School of Forensic Mental Health

3. Network Operations

3.1 Network Governance Boards

3.1.1 Forensic Network Advisory Board

Chaired by Andreeana Adamson, NHS Director, Health and Justice, Scottish Government, the Forensic Mental Health Services Managed Care Network Advisory Board (Forensic Network Advisory Board) supports the Forensic Network to provide national strategic direction and bring a pan-Scotland approach to the planning of services and patient pathways, including development of information systems for the management of patients. The Board has a Governance role in overseeing the Clinical Conflict Resolution Process and in developing and supporting self-assessment and peer review as part of the Continuous Improvement Quality Standards Framework for secure services.

In addition, the Network Advisory Board supports NHS Boards across Scotland in the delivery of Forensic Mental Health Services as outlined in NHS HDL (2006) 48 (Scottish Executive Health Department, 2006) and in NHS CEL (2007) 13 (Scottish Government, 2007). This includes support to clinical governance arrangements. In this way, the Forensic Network Advisory Board develops and maintains links with Regional and Local colleagues across the NHS and with Partner agencies, such as SPS, Police, Social Work, Community Justice Authorities and Housing as well as user and carer organisations, in particular, the Forensic Network Health Inter Regional Planning Group, and Cross-Cutting Issues Forum.

Over the past year the work of the group has focused on the transfer of prisoners to hospital, the implementation of new drug testing protocol and implications across the estate, the draft guidelines for Novel Psychoactive Substances developed by the Prisoner Healthcare Managed Care Network, the National Prisoner Healthcare Network Mental Health Implementation Report, and the proposals for new directions with the management and housing of female offenders. The Forensic Network Advisory Board has provided an invaluable forum for discussing cross managed care network concerns, as well as continuing and maintaining the high standards of delivery and work conducted across all areas of the Forensic Network.

3.1.2 Inter Regional Group

The Inter Regional Group has a crucial role within the Network in terms of operational working and patient flow. The group consists of regional and clinical leads, meets four times a year and reports annually to the Forensic Network Advisory Board. The group was established to support the Forensic Network Advisory Board to develop national operational working throughout the forensic estate, to coordinate and implement the decisions of the Forensic Network Advisory Board, and to achieve the Forensic Network's aims. It bridges the gap between strategy and policy arising from the work of the Forensic Network Advisory Board, and operational and clinical activity within forensic units.

Despite the wide agenda this year there has been a continuing focus on the forensic estate, with discussions around referrals and transfers central to the work of the group. The Forensic Network continues to respond to requests to collate and analyse data on the forensic estate, producing a weekly Forensic Network bed state report. The Forensic Network also monitors patients' security needs, patient flow and appeals against excessive security. It was deemed appropriate this year to hold a session regarding the position of the medium secure estate. Colleagues

acknowledged that issues regarding medium secure beds are different in each region and recognised that throughput as well as capacity is relevant. This work is ongoing and the Inter Regional Group are supporting a National Forensic Mental Health service estate review at present.

The Inter Regional Group has been instrumental in the implementation and monitoring of the Exceptional Circumstances Clause of The State Hospital Referral Policy and Procedure. The Group has established a formal work plan with a schedule of themed meetings. Examples of agenda items include: Forensic Way Forward (which relates to the management of patient flow across the forensic estate); Female Forensic Estate; Psychological Matrix; Multi Agency Public Protection Arrangements and Sexual Offenders Liaison Service (MAPPA and SOL update; Clinical Forum report; Prescribing Observatory for Mental Health; Learning Disabilities Update; Quality Framework Reviews; Forensic Census and Database; and Psychological Approaches to Personality Disorder.

This year a new system has been developed to improve learning from incidents across the Forensic Network through the sharing of Critical Incident Reviews. Furthermore, a national licence for use of the risk assessment instrument (Historical Clinical Risk Management-20 Version 3) for all Forensic Services and the Scottish Prison Services has been negotiated.

The Inter-Regional Group requested a position paper following recent developments in training opportunities for staff in psychological therapies aimed at addressing personality dysfunction. This paper, entitled, '*Psychological Approaches to Personality Disorder in Forensic Mental Health Settings*', by Dr Katharine Russell (Russell, 2016), was circulated for Network-wide consultation with a closing date of late March 2016. Following this review the Forensic Network have established a short-term '*PD Training Strategy*', to consider national training requirements in this area over the coming year; a working group to develop guidance on reflective practice; and a working group to establish principles around structured clinical care.

[3.1.3 School Governance Committee](#)

The SoFMH School Governance Committee meets twice yearly and supports the Forensic Network to meet its aims in regards to oversight of education, training and research across forensic mental health services in Scotland. In addition the School Governance Committee provides strategic advice and direction to support the continuing development and sustainability of the SoFMH.

Over the past year focus from this Committee has been on the strategic development of partnerships with academic institutes, these have been in the form of an MSc in Health and Social Care (Forensic Mental Health) which is affiliated with Glasgow Caledonian University; a Module in Forensic Mental Health ran at New College Lanarkshire; and the Graduate Certificate in Personality Disorder ran at University of the West of Scotland. The Committee have also played a key role in over viewing training needs across the estate and the professional groups have been working in conjunction with this work plan to provide training needs analyses from their disciplines. Over the year links have been further strengthened with the National Prisoner Health Care Network who SoFMH have been supporting to explore their education and learning aims, while considering how the networks can work in parallel to achieve these aims.

3.2 Professional Groups

The Forensic Network supports a number of professional groups which provide colleagues across the estate with opportunities to consider discipline specific issues. The Chairs of these groups attend the Forensic Network Advisory Board to maintain close links, and ensure that professionals have the opportunity to contribute at a strategic level. These meetings further provide opportunity to share good practice and identify areas of shared work to avoid duplication of effort. The Network also maintains close links with the Royal College of Psychiatrists Forensic Faculty in Scotland. Professional groups currently supported:

Forensic AHP Leads
Forensic Carer Coordinators
Forensic Carer Forum
Forensic Lead Nurse Forum
Forensic Network Social Work Sub Group
Forensic Pharmacy Group
Scottish Forensic Clinical Psychology Group (SFCPG)
Scottish Care Programme Approach

Key achievements from this year:

- Forensic Lead Nurse Forum completed their first research project, '*A Survey of the Quality of Nursing Clinical Supervision in Secure Psychiatric Care*' (Walker, 2015).
- The Forensic Lead Nurse Forum held their first conference, which was highly successful. A further conference has been planned for August 2016.
- Forensic Pharmacy Group completed a project on '*Antipsychotic Prescribing in Learning Disabilities*'.
- A Pharmacy Transition Information Document was implemented by the Forensic Pharmacy Group, for patients transferring within forensic sites.
- The Forensic Pharmacy Group hosted the Prescribing Observatory in Mental Health UK Regional Event on Rapid Tranquilisation.
- The Scottish Forensic Clinical Psychology Group (SFCPG) hosted the British Psychological Society's Faculty of Forensic Clinical Psychology Spring Meeting in Glasgow. This event received extremely positive feedback and had a good level of attendees from north and south of the border.
- The SFCPG have been involved in an extensive piece of work surrounding succession planning within forensic clinical psychology that will continue into next year. The work considers the progression plans for the discipline given the very experienced senior psychologists with MHO status and considering what competencies will require development in the current workforce in order to fill any gaps before they arise.
- The Forensic Network Social Work Group hosted its second annual conference which was well attended and extended the reach and influence of the group. From work and discussions arising from the conference the Social Work Group have been focusing on developing a clear and robust work plan for implementation over the coming year.
- The Forensic AHP Leads supported a pilot programme of Occupational Therapy facilities at HMP Low Moss, which identified a need for occupational therapy provisions within wider Prison Healthcare services.
- A Carer Assessment Matrix was compiled by the Forensic Carer Coordinator group, to identify the content and tools utilised by different health boards. The aim being to assess national standards and develop best practice guidelines.

3.3 Clinical Fora

The Fora continue to be well supported and valued by colleagues across Scotland. The Clinical Forum has four main aims: networking, education, policy development and operational development. The Forensic Network has supported 11 Clinical Fora meetings over the last year across a range of subjects:

Addictions

Learning Disabilities

MAPPA

Personality Disorder and Problem Behaviours

Prison

Risk

Sex Offender Practitioners – jointly chaired by NOTA Scotland Branch

Victims and Trauma

Women

Some highlights from this year:

- The Learning Disabilities Forum held a successful and lively multi-disciplinary debate discussing whether a personality disorder diagnosis was helpful to the management of learning disabled offenders. The event was well attended and included colleagues from across prison, health and social care, third sector, and judicial backgrounds.
- The first Clinical Forum for GP's working in prisons was facilitated by the Forensic Network and held in conjunction with the National Prisoner Healthcare Network, strengthening partnerships and joint working.
- The Clinical Forum for Risk regularly attracts a high volume of delegates and this year secured several influential presenters, including Lord Uist, High Court Judge, who provided key insights on risk assessments in judicial settings. This provided a plenary of unique opportunities for learning, development and discussions across a multi-disciplinary forum.
- Professor Simon Hackett delivered a day event on Recidivism, desistance and life course trajectories of young people with harmful sexual behaviours, at the Clinical Forum for Sex Offender Practitioner's hosted jointly by NOTA and the Forensic Network (Hackett, 2015).

It should be noted that themes for forthcoming clinical fora are sought from delegates attending events and these are utilised and reflected in the development of future programmes and events, ensuring that topics are relevant, current and desirable. Furthermore there is a robust feedback system in place to ensure that events continue to be of high quality and meet the demands and requirements of attendees.



Clinical Forum Event

3.4 Short Life Working Groups

3.4.1 The Forensic Matrix Working Group

The Forensic Matrix Working Group has continued to develop the number and range of psychological treatment protocols that are currently available. At present there are two fully completed Low Intensity (LI) protocols and two High Intensity (HI) protocols:

- *'On the Road to Recovery'* (LI), which comprises three distinct modules covering psycho education, basic coping skills and coping skills enhancement; dealing with motivation, engagement, substance misuse and other difficulties related to myriad unhealthy lifestyle choices.
- *'Knowing Me'* (LI), which focuses on the development of self-awareness and self-formulation skills.
- *'Planning for the Future'* (HI), which focuses on the consolidation of knowledge and skills gained during participation in cumulative psychological interventions, as well as covering relapse prevention skills.
- *'Connections'* (HI), which focuses on the development of relationship and social skills.

In the coming year, the group plan to focus on completing a *'Problem-solving'* HI protocol and a *'Patient Information'* programme, both supported by resources from the SoFMH and NES. In addition, two eLearning modules have been developed as part of the work of the group:

- *'See, Think, Act'*, which focuses on development of knowledge and skills related to relational security
- *'Working with Offenders with Personality Disorder'*, which provides information about personality disorder, practical advice on how to manage people with this condition, and increases staff confidence in applying psychological principles to help improve the management of personality disordered offenders.

3.4.2 Victim's Rights Short Life Working Group

A short life working group was established in July, in response to a Scottish Government request and the group held their final meeting in March 2016. The group has developed guidance to support the forthcoming changes to victims' rights in the Mental Health Act 2015. A draft report was submitted to the Forensic Board in September 2015 and a final copy of the report, entitled *'The Forensic Network Victim's Rights Group'*, is expected to be submitted to the Scottish Government in May 2016 (Forensic Network Managed Care Network, 2016).

3.4.3 Drug Testing Protocol Short Life Working Group

A drug testing protocol has been developed by this short working group, including guidance for new psychoactive substances and lab questionnaires. The final report, *'Drug Testing for Restricted Patients'*, was published in March 2015 (Forensic Network Managed Care Network, 2015) and the initiative was implemented in October 2015.

3.4.4 High Secure Women Protocol of Referral

Following on from work completed in a previous working group, the protocol for referring female patients that require high secure care in Rampton Hospital has been revised; however there have however been some recent issues with waiting lists. This working group is in the process of exploring and considering three options to resolve these issues. This work is ongoing and links in with the ongoing National Forensic Mental Health Services Estate Review, information on which can be found below.

3.4.5 Behavioural Status Index (BEST-Index) Implementation Group

The BEST Index is a nursing assessment tool that is gradually being implemented throughout forensic services. We have established a national group to overview the progress of this tool and the wider plan is to introduce a consistent nursing assessment tool across forensic services.

3.4.6 Persisting Challenging Behaviour Partnership Pilot

Following work by the Cross Cutting Issues Forum and the proposals in the report '*Shared Responsibility, Joint Operations*' (Cross Cutting Issues Forum, 2012). The Forensic Network has been working with colleagues in Ayrshire to establish a pilot (ShaRP). A local working group and stakeholder group have been established and continue to progress this initiative.

3.4.7 Disclosure Guidance Report

Jean McQueen, Consultant AHP, prepared a report entitled, 'Guidance for Allied Health Professional supporting individuals with Criminal Convictions and Mental Health Conditions into Work, Volunteering or Education' (McQueen, 2014). Following a review of the original report and a consultation process, an update to this report is in the process of being finalised.

3.4.8 Admission Criteria to Scottish High and Medium Secure Units

A new working group has recently been commissioned by the Forensic Advisory Board to update the Network document, '*Admission Criteria to Scottish High and Medium Secure Units*' (Forensic Mental Health Managed Care Network, 2010). This is in light of the extensive time passed since the documents initial introduction and in view of recent developments, such as excessive security extending to medium security and exceptional bed use in high security. The first meeting of this group is planned for June 2016.

3.4.9 National Forensic Mental Health Services Estate Review

The Scottish Government requested a review of the clinical models of existing forensic mental health services and to make recommendations for a sustainable, fit for the future, service in Scotland. This review, which is lead by Andreana Adamson, has been supported by the Forensic Network and the results will be reported to the Scottish Government. The review aims to address issues and developments in:

- The provision of high secure services for women
- Prison transfers
- Medium secure provision for men
- Medium secure provision for learning disabilities
- Appeals against excessive security in medium secure services

3.5 Joint Working with Other Networks and Organisations

3.5.1 National Coordinating Network for Healthcare & Forensic Medical Services for People in Police Care

The Forensic Network continues to work with colleagues in the Police Custody Network as members of the Education and Training Sub Group Healthcare & Forensic Clinical Services for People in Police Care.

3.5.2 National Prisoner Healthcare Network (NPHN)

The Forensic Network have developed strong partnership working relations with the National Prisoner Healthcare Network (NPHN), leading on the NPHN Mental Health Sub Group which has now published its report (National Prisoner Healthcare Network Mental Health Sub Group, 2014) and subsequently supporting the Implementation Group for this project.

There have been several training initiatives between the Managed Care Networks, with mental health nurses from across NHS Forth Valley prisons successfully completing the five day Low Intensity Psychological Therapies practitioner training over the past year. This has resulted in Low Intensity protocols being delivered to patients across all three NHS Forth Valley prisons, with HMP Glenochil and HMYOI Polmont completing delivery of two cohorts, and HMP & YOI Cornton Vale due to complete delivery of their first cohort by early May 2016. Furthermore, the Forensic Network's Consultant Nurse in Psychological Therapies and Consultant Nurse Researcher delivered a two day '*Mental Health Awareness*' training to HMP Perth's Segregation and Reintegration Unit (SRU) prison officers. This initiative was undertaken as a pilot project and was positively received, resultantly it is being considered for roll out across the prison estate.

The Consultant Nurse in Psychological Therapies will also contribute to the Standing Committee on Psychological Therapies in Prisons, which has been commissioned by Andreeana Adamson, NHS Director Health and Justice.

3.5.3 NHS Education for Scotland

Joint training initiatives continue to be facilitated between NHS Education for Scotland (NES) and the School of Forensic Mental Health (SoFMH), which contribute widely to the continued professional development of colleagues across forensic services in Scotland. Examples of joint training and educational activities undertaken over the past year are:

- '*Safety and Stabilisation*' training, a Level One trauma intervention. This training was offered as a one-off event specifically for forensic practitioners.
- '*Introduction to Cognitive Analytical Therapy*', five day introductory training
- '*Low Intensity Psychological Therapies Practitioner Training*', delivered to over 230 practitioners, predominantly nursing staff, across nine health boards
- In conjunction with the Forensic Matrix Working Group and the SOFMH, several eLearning and psychological protocols have been developed and implemented.

Over the past year NES have supported various Mentalisation Based Therapy (MBT) team-based training initiatives, for example in NHS Fife and NHS Lothian prisons, where a pilot research project evaluating MBT-informed therapeutic milieu has been underway. NES also supported a three day '*MBT Basic Training*' course, which was facilitated by Professor Bateman and Professor Fonagy, together with additional input by colleagues from MBT Scotland.

4. Activities from the School of Forensic Mental Health

The School of Forensic Mental Health (SoFMH) offers teaching and training to all professional groups and agencies involved in the assessment and care of mentally disordered offenders and others requiring similar services. It provides a focus for supporting, developing and delivering multi-disciplinary and multi-sector educational and research initiatives.



The SoFMH has developed and delivered a range of educational resources and there has been a rapid increase in the demand for short professional courses since its inception in 2007. The SoFMH now provide an extensive range of 35 skills based short courses including: risk assessment and risk management; legal aspects; clinical assessments and psychological interventions. Positive feedback has been gathered from participants following every event and a robust quality review process in place to ensure that courses delivered are of the highest standards and meet the needs and requirements of delegates.

4.1 Academic Courses

[4.1.1 MSc Health and Social Care \(Forensic Mental Health\)](#)

The SoFMH continues to successfully deliver a 3 year postgraduate Master of Science degree course in collaboration with Glasgow Caledonian University. This is the fourth year of this course and our first cohort of students is about to graduate.

[4.1.2 Forensic Mental Health Module](#)

The SoFMH continues to deliver this course in collaboration with New College Lanarkshire (Motherwell Campus). This year's course commenced in January 2016 with 11 students. The course covers a range of topics including; '*Characteristics of Mentally Disordered Offenders*', '*Policies and Procedures for Risk Management*' and '*Social and Occupational Activity*'. This course module has been running for four years and for the first time last year a student moved on to commence the MSc.

[4.1.3 Graduate Certificate in Personality Disorder](#)

The SoFMH delivers this course in collaboration with the University of the West of Scotland. The course is now in its third year and continues to be highly popular with colleagues from across the Network. The SoFMH is currently accepting expressions of interest for the September 2016. Last year the course received 100 expressions of interest and accepted twenty five students on to the course.

4.2 Short Courses

The SoFMH has listened to the requests of practitioners and delivered what was desired in order to satisfy the needs of the services and has created an appetite for new knowledge. Prior to the introduction of the School there were no bespoke

programmes for forensic practitioners, however there is now a wealth of options at all educational levels.

During the academic year from 2014-2015, 40 short courses were held with 493 participants. These included courses on Risk Assessment; Research Methods; Managing Personality Disorder; Personal Safety; Professional Witness skills; Staff Support after Violent Incidents; Root Cause Analysis and Psychological Interventions. So far this academic year the SoFMH have delivered 20 short courses. These courses have comprised risk tools, personal safety training and personality disorder assessment. A breakdown of the training provided thus far in this academic year is detailed in Appendix 1.

[4.2.1 Approved Medical Practitioners \(AMP\)](#)

The SoFMH has been commissioned by NHS Education for Scotland (NES) on behalf of the Scottish Government, to develop advanced practice courses for Approved Medical Practitioners (AMP) on core mental health, capacity, forensic psychiatry, and child and adolescent mental health. In addition, the School was asked to update the teaching materials for Parts one and two of the Approved Medical Practitioner training and deliver a 'Training for Trainers' workshop.

[4.2.2 Historical Clinical Risk Management-20 Version 3](#)

The SoFMH has developed a range of courses to support the implementation of the Historical Clinical Risk Management-20 Version 3 (HCR-20 V3). This is a crucial risk assessment tool for forensic services. Workshops continue to be delivered in HCR-20 V3 following the Training for Trainers event in the autumn of 2013.

[4.3 New to Forensic Programme Suite](#)

[4.3.1 New to Forensic Programme](#)

The original New to Forensic programme continues to grow and to date over 1200 practitioners have been trained across the NHS, independent sector, social work, voluntary sector, criminal justice services, Mental Health Tribunal for Scotland and Scottish Government. A further 588 are registered and due to complete within the next six months. The programme model attracts attention from home and abroad, and discussions are ongoing with colleagues in England, Canada and Australia about developing their own versions. The programme is currently being revised due to recent changes in mental health legislation.



The New to Forensic model of educational delivery has proved very successful and the following programmes have been developed:

[4.3.2 New to Forensic Mental Health Teaching Programme \(The Richmond Fellowship Scotland\)](#)

The School has been commissioned by The Richmond Fellowship Scotland to develop a Programme fit for purpose within the community sector. Work on this project commenced in March 2016 and it is expected to be completed by the end of March 2017.

[4.3.3 New to Forensic: Essentials of Psychological Care](#)

This programme was designed in 2014 (NHS Education for Scotland, 2014b) and is in the early implementation stages but is proving to be popular with colleagues across the Network. To date, 54 participants are registered for the Programme. The

first year has been focused on building the infrastructure and preparing mentors to support the mentees.

[4.3.4 New to Forensic: Medicine](#)

This programme was designed in 2014 (NHS Education for Scotland, 2014a) and is now being utilised across Scotland, with the greatest uptake being from Glasgow, Edinburgh and the North of Scotland. There are approximately 40 participants registered to date and it is anticipated that the interest in this course will grow across the coming year.

[4.3.5 New to Forensic Mental Health Teaching Programme \(Northern Ireland\)](#)

The SoFMH supported colleagues in Northern Ireland to establish a programme fit for purpose locally. The programme has recently been evaluated and the findings have been highly positive. It is anticipated that the final report of the evaluation project will be completed by June 2016.

4.4 Research Special Interest Group

The SoFMH supports research across the forensic mental health estate through a variety of initiatives and these are coordinated through the Forensic Network Research Special Interest Group (FNRSIG). The FNRSIG has continued to meet on a quarterly basis to support and promote research across the network. The group have contributed towards a wide range of activities including the Forensic Network Census and Database, an evaluation of the BEST Index and PECC, and an evaluation of Clinical Supervision. Some of these achievements are expanded below, however a detailed project list of research can be found in Appendix 2.

[4.4.1 Forensic Network Census and Database](#)

The third point prevalence data collection for the Forensic Network Inpatient Census was conducted on a patient whereabouts basis on the annual census date of the 26th of November 2015. Data were received from all inpatient sites and collated with the data returns from 2013 and 2014. Requests to access the Census data have been received from a number of sources and the data provided have helped to inform the development of trauma services, review of the forensic LD population, planning for the national evaluation of the Forensic Psychological matrix, and provide information on patient flow to the National Prison Healthcare Network.

Work with the National Information Systems Group (NISG) at NSS, on the development of the Forensic Inpatient Database has continued. A number of stages remain prior to the anticipated completion of the system in time to go active in late autumn 2016. These stages include local sites visits, user acceptance testing and a training programme for users. The database dataset has also been expanded beyond that originally used within the Census to include Forensic Psychological matrix assessment data with the aim of supporting the national evaluation of the forensic psychological matrix.

[4.4.2 Research Mapping](#)

The research mapping exercise was conducted again in 2015. The information received informed the development of the Forensic Network project list which has been made available through the network website. The 2015 exercise identified 75 research and evaluation studies ongoing within forensic services. The 2015 project list is attached in Appendix 2 for information. The mapping exercise will begin once again in spring 2016.

4.4.3 Joint Review Protocol

One of the key aims of the FNRSIG has been to promote and support cross network research studies. The development of the Joint Study Review Protocol (Forensic Managed Care Network, 2016) is seen as an important stage in providing a single point of study review, using a common protocol that allows individual sites to have confidence in the consistent manner in which study proposal review is conducted whichever of the regional research groups has conducted the review. The protocol has been further developed with input from the Inter Regional Group to ensure that researchers seeking access to a range of network sites have identified a specific study contact at each site and have received recent and appropriate personal safety training. It should be noted that the joint review process is a precursor to full Research Ethics and Research & Development review, and does not replace these approval processes.

4.4.4 Forensic Network Research Conference

The FNRSIG held their fourth national Forensic Network Research Conference on the 5th of November 2015 at the Scottish Prison Service College in Polmont. The day was chaired by Dr Daniel Bennett, current chair of the FNRSIG, and featured key note speeches from eminent speakers, Professor Phillip Asherson who spoke on “*The diagnosis and treatment of ADHD in adult offenders*” and Professor Kate Davidson whose talk was focused on ‘*Personality Disorder: an update*’. The conference received excellent feedback from delegates and the 2016 FNRSIG Research Conference will be taking place on the 6th of November, 2016 at the SPS College, Polmont, with key note speeches from Prof. Seena Fazel, University of Oxford and Dr Mike Doyle, University of Manchester.

4.4.5 A study to examine the review contribution of RSVP in Scotland

The School was approached by the Risk Management Authority (RMA) to jointly produce an initial evaluation of the Risk for Sexual Violence Protocol (RSVP). The RSVP is a highly valued risk instrument that is widely used by professional groups in Scotland. The study:

1. Examines the contribution of RSVP to accurate risk judgements.
2. Examines the contribution of RSVP appropriate and proportionate risk management plans.
3. If possible, considers the contribution of the RSVP to the assessment of female sexual abusers, in light of the literature that cautions against the use of risk protocols developed from a male sample and paradigm of male sexual offending, and the suggestions from authors of the RSVP that it may be applicable for women who sexually abuse.

This study is now complete and a copy of the report is available via the Forensic Network and Risk Management Authority websites (Darjee et al., 2016).



5. Sustainability and Communication

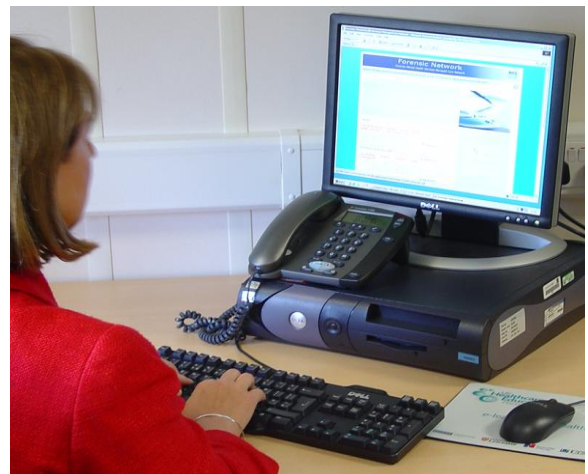
5.1 Finance

The Network and the SoFMH welcome continued Scottish Government funding and live within budget year on year. The work of the Forensic Network and the SoFMH is also supported by The State Hospital in the supply of location and associated expenses, finance operations, library services as well as IT services. We have reduced costs significantly in recent years and maintained a development programme through the work of the SoFMH. We will continue to do this and to offer significant value for money in terms of our outcomes.

The Network and School's work is subsidised by funds raised through the work of the SoFMH, which is always re-invested to develop training materials and courses for use across forensic services in Scotland. For example, the work plan for 2016-17 includes an update of the New to Forensic Programme to reflect legislative changes, an evaluation of the Essentials for Psychological Care programme introduced in 2015, the introduction of the Forensic Database across Scotland, the design of Approved Medical Practitioner educational courses for NHS Education for Scotland, an evaluation of the Forensic Matrix, and the commencement of the second round of Continuous Quality Improvement Framework Reviews. In order to ensure that the Clinical Fora continue to attract speakers at the forefront of their fields and deliver high quality, relevant and stimulating presentations, whilst ensuring ongoing financial sustainability, a small charge has been introduced for the Clinical Fora to reduce costs. However, although small, this appears to have reduced attendance by approximately 25%, we will continue to monitor this closely over the coming year.

5.2 Communications

The Forensic Network provides biannual updates on all of its work streams and professional groups to the Forensic Network Board. The minutes from all professional groups and an overview from all Clinical Fora, including an end of forum evaluation report, are also updated on the Forensic Network website. The minutes communicate key decisions and actions arising from meetings and the Clinical Fora reports provide an agenda of the day and delegate feedback from the event.



In addition to this, the School of Forensic Mental Health (SoFMH) compile a quarterly newsletter which outlines work in the school over the preceding months and any upcoming training events.

The Forensic Network also communicate via a Quarterly Forensic Evidence Bulletin (previously entitled Current Awareness Bulletin), any journals published in the previous quarter on a range of topics of interest linked with the forensic mental health estate.

The website provides a repository for Network documents, information on each of the subgroups and key network activities - www.forensicnetwork.scot.nhs.uk

6. Overview and Future Planning

6.1 Overview

The Forensic Network and the SoFMH have worked with a range of stakeholders and colleagues across the estate to further develop and increase the quality and delivery of care across Scotland, as well as to facilitate improved communication, information sharing, and joint working across the forensic mental health estate. This year has seen strengthened partnerships and relationships at all levels of mental health services and in all NHS regions, as well as between the different managed care networks, such as those for the coordinated healthcare of people in police care and those in prisons.

There has been tremendous activity on the development and delivery of new training courses, on topics that meet the requests and demands from services and colleagues across the estate, as well as new protocols in psychological therapies that meet the needs of our patient population.

The Forensic Network have continued to provide high quality support to professional groups and to facilitate a large number of Clinical Fora on a range of interesting and thought provoking topics to further the continued professional development of our workforces. In addition to this, a high number of working groups have been commissioned to provide national guidance and support on key issues. These working groups continue to support a national approach to services and provide problem resolution at pan-Scotland level improving patient experience and service delivery across the estate.

6.2 Future Plans

The Forensic Network and the SoFMH continue to work in partnership, across traditional organisational and geographical boundaries, to provide a framework to deliver and support national strategic service planning as we move forward in to 2016-2017. The Forensic Network plans to continue to build on its strong foundation to further achieve its aims of determining the most effective care for mentally disordered offenders, provide guidance on best practice, address wider issues around patient pathways and support the delivery of local service development and implementation. The extensive achievements of the Forensic Network and SoFMH are down to our colleagues across the forensic mental health estate who provide their expertise at national planning and strategic level groups, as well as those that maintain communication around ongoing training requirements and new topic areas.

Over the coming year the current key areas of identified work are:

Clinical Development

- Sustained support for the Forensic Matrix Working Group in the development of new High Intensity Protocols in Problem Solving, as well as continued support for the implementation and development of the Matrix programme suite.
- Continued support for the work of two newly established working groups which have resulted from the recommendations arising from the '*Psychological Approaches to Personality Disorder in Forensic Mental Health Settings*' report (Russell, 2016). The remit of these working groups is to develop guidance on reflective practice and to further outline the requirements of structured clinical care.

- Facilitating the revision of the admission criteria to Scottish High and Medium Secure Units.
- Supporting the timely completion and implementation of findings from the National Forensic Mental Health Service Estate Review.

Continuous Improvement

- The Continuous Quality Improvement Framework Reviews are underway, with work having commenced to revise the framework in anticipation of a second round of reviews starting in 2016. The review method was developed in conjunction with HIS and the process of self-assessment audit and peer review is designed to provide evidence of compliance and improvement in services. Each review results in a service improvement plan which is developed by the service and reviewed for progress at the proceeding review. This system has been very well received at international conferences.
- The development and facilitation of a new Clinical Forum on Psychological Therapies.
- To look at continued improvement in our communication strategy across the estate, through the development of a new user-friendly website that supports the work of professional groups, and facilitates professional and working group discussion.
- To further deliver on the original aims for the Forensic Network when it was established by Scottish Government, there is still work to be undertaken around auditing, benchmarking and Key Performance Indicators.

Education and Research

- There are plans and proposals to develop courses and training materials in Physical Healthcare, Stalking, Novel Psychoactive Substances, Mental Health Act Update, Managing Challenging Behaviour in Women and continued development of our Personality Disorder Programme Suite. The new Advanced Medical practitioner Training course will also be developed and delivered.
- The Forensic Network Social Work Group will be supported to develop a training course for social workers working with mentally disordered offenders.

For further information about any projects taking place in conjunction with the Forensic Network, or to discuss training needs and suggestions for future topics of courses from the SoFMH, please contact Nicol Shadbolt, Forensic Network Manager, nicol.shadbolt@nhs.net or contact the Forensic Network Office 01555 842018, SoFMH 01555 842212.

Many thanks to the Forensic Network and School of Forensic Mental Health administration teams who work to improve communication and connections across the forensic mental health estate and support all aspects of work across the Forensic Network.

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8. Appendices

Appendix 1: School of Forensic Mental Health Short Courses List (from September 2015 to April 2016)

Event Title	Date From (Sep 15)	Date To (April 16)
Historical, Clinical Risk-20 (HCR-20) Version 3, 2-Day Workshop, The State Hospital	31-Aug-15	01-Sep-15
Applying the Structured Assessment of Protective Factors (SAPROF), SPS College, Polmont	08-Sep-15	08-Sep-15
Spousal Assault Risk Assessment (SARA) , SPS Polmont (L Todd and M Scott)	21-Sep-15	21-Sep-15
Historical, Clinical Risk-20 (HCR-20) Version 3, 2-Day Workshop, SPS Risk Training, SPS College, Polmont	20-Oct-15	21-Oct-15
Risk for Sexual Violence Protocol (RSVP), SPS Risk Training, SPS College, Polmont	22-Oct-15	23-Oct-15
Psychopathy Checklist-Revised (PCL-R), SPS Risk Training, SPS College, Polmont	27-Oct-15	28-Oct-15
Formulation & Report Writing, SPS Risk Training, SPS College, Polmont	29-Oct-15	30-Oct-15
Writing for Publication (Sessiona 1,2 & 3), The State Hospital	30-Oct-15	05-Feb-16
Spousal Assault Risk Assessment (SARA) , SPS Risk Training, SPS College, Polmont	02-Nov-15	02-Nov-15
International Personality Disorder Examination, 101 Park Street, Coatbridge (C Logan)	19-Nov-15	20-Nov-15
Person Safety Scenario Training for Community Staff, SPS College, Polmont	03-Dec-15	03-Dec-15
Risk Assessment Training, New College Lanarkshire (Motherwell Campus)	19-Jan-16	19-Jan-16
New to Forensic Mental Health Teaching Programme, Support in Mind Scotland (Sessions 1-4)	22-Jan-16	22-Apr-16
BEST-Index National Event, The State Hospital	29-Jan-16	29-Jan-16
Low Intensity Psychological Interventions in Forensic Mental Health Settings	03-Feb-16	10-Feb-16
New to Forensic Mental Health Teaching Programme, The Richmond Fellowship Scotland (Sessions 1-3)	19-Feb-16	22-Apr-16
N2F Training Support in Mind Scotland (Session 2)	26-Feb-16	22-Apr-16
Historical, Clinical Risk-20 (HCR-20) Version 3, 2-Day Workshop, The State Hospital	14-Mar-16	15-Mar-16
Separation and Reintegration Units - Managing People with Challenging Behaviours (SPS Pilot), HMP Perth	29-Mar-16	30-Mar-16
Personal Safety Scenario Training for Community Staff, SPS College	14-Apr-16	14-Apr-16

Appendix 2: Forensic Network Research Project List 2015

Project Title	Project Lead	Lead NHS area or FN Organisation	Clinical Area
Sexual homicide	Raj Darjee	SOLS, NHS Lothian	Medical
RSVP validation study	Raj Darjee	SOLS, NHS Lothian	Medical
Exploring Family Carer Involvement in forensic mental health services	Dr Julia Ridley (project manager) University of Central Lancashire	Support in mind Scotland	Forensic Carers
Protective factors for violence risk in forensic patients	Clare Neil	NHS Forth Valley	Psychology
A survey of the quality of nursing clinical supervision in secure psychiatric care	Yvonne Murray / Linda Steven	TSH	Nursing
A survey of the quality of nursing clinical supervision in secure psychiatric care	Helen Walker	Forensic Network	Nursing
Prevalence of Speech & Language Difficulties in Adult Male Offenders in Custody: A Preliminary Investigation	Jan Green	NHS Forth Valley	Speech & Language Therapy
The Role of Emotion Regulation and Social Problem Solving Skills in the Relationship Between Childhood Maltreatment and Post Traumatic Stress Symptoms	Susan Allan	NHS Tayside	Psychology
Developing a Scale for Assessing the Forensic Experience of Recovery: the SAFER questionnaire	Emma Quill, Trainee Clinical Psychologist	Greater Glasgow and Clyde	Psychology
Implementation of Behavioural Status Index and Psychosis Evaluation Tool for Common use by Caregivers and their application to practice in forensic services, a two year multi-site review.	Helen Walker	TSH	Nursing
A Pilot to Examine the Efficacy of Computer Assisted Cognitive Remediation in Mentally Disordered Offenders	Suzanne O'Rourke	TSH	Psychology
Social cognition deficits and violence in people with a diagnosis of Schizophrenia	Heather Langham	TSH	Psychology
Exploration of the use of seclusion and other containment methods in the medium and high secure forensic psychiatry settings in Scotland	Gemma Fleming	TSH	Medical
Moving Towards a Therapeutic Milieu with The State Hospital: A Qualitative Analysis of Patients' Experiences of Ward Talking Groups	Jacqueline Geddes	TSH	Psychology

Theory of mind, emotion recognition, hostile attribution bias and paranoia in mentally disordered offenders with schizophrenia	Helen Bratton	TSH	Psychology
Interpretations of Adult Protection in Practice: An Exploration of How Different Professional Groups Define and Respond to Adult Protection Issues within a High Secure Mental Health Setting	Lynn Forrest	TSH	Social Work
A Comparative Survey of Patients Detained Under Compulsion Orders and COROs	Michelle McGlen, Nick Hughes, John Crichton	NHS Lothian	Medical
Evaluation of the Prevention and Management of Vitamin D Inadequacy in TSH	Dr Jill Murie	TSH	Medical
Exploring participant's experiences of a low intensity psycho-education programme within a high secure forensic service	Lindsay Tulloch	TSH	Nursing/Psychology
Study of physical health of patients detained within The State Hospital and Forensic Managed Care Network, with a focus on factors affecting physical health including physical activity, physical health interventions/programmes and other factors such as diet and medication.	Swati Zaveri	TSH	AHP
The Impact of Delivering Group Treatment to High-Risk Sex Offenders on a Therapist's Sense of Self.	Niamh Rice	TSH	Psychology
Self-reported false confessions within a forensic population (An examination of personality characteristics and experiences of police interviews)	Wendy Paton	TSH	Psychology
Neuropsychological Deficits in MDOs related to Risk and Cognitive Decline: A 10-year follow up study	Dr Suzanne O'Rourke, Sarah Brown	TSH	Psychology
The Role of Social Work in a High Secure Hospital: A Qualitative Study	Frank Reilly	TSH	Social Work
Exploring patient experiences of evening routines in a high secure forensic hospital.	Josie Clark	TSH	Nursing
Mental health of women detained by the criminal courts	Paul Noyes	Mental Welfare Commission for Scotland	Women Offenders
An Exploration into Current Practices of the Assessment and Intervention of Insight into Psychosis within Scottish Forensic Mental Health Services	Gavin Slack	NHS Grampian	Psychology
The Recovery Model for Patients within a High Secure Setting: A 20 year Follow up	Prof. Lindsay Thomson, Cheryl Rees	TSH	Medical
Discharge/Transfer Integrated Care Pathway Project	Julie McGee, Sheila Smith	TSH	Clinical Effectiveness
'Early Identification of Unacceptable Complainant Conduct'	Lindsay Thomson	SoFMH	Non clinical (SPSO)

Level of Expressed Emotion in Keyworkers in a high secure setting	Dr Gillatt, Dr Monaghan, Dr Worley	State Hospital	Psychiatry
Effects of past mental health detention on travel and lifestyle part 1 and 2	Dr Gillatt, Dr Monaghan, Dr Perry & Catherine Parkes	NHS GGC	CMHT
Thinking about Recovery: The importance of Reflection and Compassion in understanding individuals recovery for complex mental health problems	Prof Gumley	NHS GGC	Psychology
Validity and Reliability of the TRS-2 scale. Evaluating proximal treatment gains within a Forensic setting	Dr Emma Drysdale and Catherine Parkes	NHS GGC	Psychology
Treatment Engagement within a low and medium secure forensic mental health setting	Dr Emma Drysdale and Catherine Parkes	NHS GGC	Psychology
Understanding the Relationship Between Major Mental Illness and Masculinity in the Context of Violent Offending Behaviour	Christine Haddow	NHS GGC	Psychiatry
An evaluation of the CAT model within a secure woman's service	Emma Drysdale	NHS GGC	Psychology
Patient Flow at the Rowanbank Clinic	Drs Worley, Fox, Gillatt	NHS GGC	Psychiatry
Stigma Research	Catherine Parkes, Mark Gillespie, and Susan Fleming	NHS GGC	Nursing and Psychology
Comparison of outcomes between Boulevard and low secure wards, Leverndale	Drs Appan, Ullah, McLaughlin, Gillatt	NHS GGC	Medical
Childhood trauma and psychopathology	Marlene McInnes	TSH	Psychology
An evaluation of the Knowing Me Programme at Rowanbank	Emma Drysdale	NHS GGC	Psychology
Subjective experience of patients completing the Coping Skills programme at Rowanbank	Emma Drysdale	NHS GGC	Psychology
Subjective experiences of patients who have completed the Recovery programme at Leverndale Hospital	Emma Drysdale	NHS GGC	Psychology
An evaluation of the coping skills programme at Leveerndale	Emma Drysdale	NHS GGC	Psychology
The implementation of BFT in Forensic Mental Health	Caroline Peddie, Mark Gillespie and Catherine Parkes	NHS GGC	Nursing and Psychology
Clozapine induced weight change affecting psychotic patients in a scottish secure unit	Catherine Friel/Eileen Murray	NHS GGC	Dietitian

Is there a significant difference in the mean burnout score between registered MH nurses and registered	Stephen Wilkie	NHS GGC	Nursing
Clozapine and CBT - Focusing on Clozapine unresponsive symptoms	Andrew Gumley (External Research)	NHS GGC	Psychology
Quality of Risk Assessment	Fiona Munro	NHS GGC	Psychology
Risk Survey	Natalie Chalmers, Brian Gillatt, Philip O'Hare	NHS GGC	Medical
Mentalising In a Forensic Mental Health Setting	Stephanie Hunter	NHS GGC	Psychology
A case study of a Mentalisation based treatment (MBT) staff intervention on a Low secure Forensic mental health ward	Patrick Doyle	NHS Fife	Psychology
Perceptions of Alcohol Misuse and Dependence. A pilot study for comparison between male and female patients	Dr Daniel Bennett	NHS Grampian	Psychiatry
Trust in Schizophrenia investigated with an Economics Game Paradigm	Dr James Currie	NHS Grampian	MH
An Exploration of Current Practices in the Assessment and Treatment of Insight in Psychosis within Scotland's Forensic Mental Health Services (Clinical Psychologists' Perspective).	Gavin Slack, Trainee Clinical Psychologist.	NHS Grampian	Psychology
Making a difference? Ten years of managing people with intellectual disability and forensic needs in the community	Dr Jana de Villiers and Dr Mike Doyle	NHS Fife	Forensic LD
The HCR-20 and its relationship with incidents of violence across the Forensic Network	Prof. Lindsay Thomson/ Dr Helen Mann/ Fergus Gallagher	University of Edinburgh (dept. of psychiatry)	Medical
An exploration of self-awareness of autobiographical memory deficits and its impact upon engagement in psychological services, in service users of forensic mental health services with psychosis	Lynsey Cameron	NHS Lanarkshire	Psychology
The process of implementing programmes across the Scottish Criminal Justice system: Lessons learned from the Moving Forward Making Changes programme	Gabriele Vojt	RMA	CJ Social Work
An evaluation of the Moving Forward Making Changes training programme in the community	Gabriele Vojt	RMA	CJ Social Work
An exceptional sentence for exceptional offenders: an exploratory analysis of the available data for all existing OLR offenders.	Georgia Black, G Vojt	RMA	Psychology
An exploration of Scottish offenders: Normative data on the Stable & Acute 2007	Gabriele Vojt	RMA	Social Work/Police

LS/CMI in Scotland: strengths, needs and risk of serious harm	Peter Morton	RMA	CJ Social Work
A pilot evaluation of Enhancing Effective Practice in Community Supervision (EPPICS) in Scotland	Gabriele Vojt	RMA	CJ Social Work
Learning Evaluation of a risk practice course	Gabriele Vojt	RMA	CJ Social Work/Police
The long term follow up of medically disordered offenders	Sarah Brown	State Hospital	Clinical Psychology
Predicting inpatient violence risk from routinely collected measures	Sarah Brown	State Hospital	Clinical Psychology
An examination of the mediating role of hostile attribution bias and emotion regulation in the relationship between childhood emotional maltreatment and aggression in a forensic mental health population	Joelle Cowie	Tayside	Clinical Psychology
Moving on? High levels of supervision in the community as a method of rehabilitation in forensic LD: service user perspectives	Alana Davis	Fife	Clinical Psychology
Computer Assisted Cognitive Remediation Therapy in a High Secure Forensic Psychiatric Setting: A Service Evaluation	Martin Gallagher	State Hospital	Clinical Psychology
The Clinical Practice of Risk Assessment of Sexual Violence	Joe Judge	Orchard Clinic	Clinical Psychology
What are the barriers to recovery perceived by people discharged from a medium-secure forensic unit? An interpretative phenomenological analysis	Simon Stuart	Lothian	Clinical Psychology
Computerised Cognitive Rehabilitation of Mentally Disordered Offenders	James Hartley	The State Hospital	Clinical Psychology
Cognitive Behavioural Therapy (CBT) for psychosis and personality disorder in a high secure forensic setting: An evaluation of the impact of an integrated treatment programme using a mixed method design	Patricia Cawthorne	The State Hospital	Psychological Therapies