Review of the Delivery of Psychological Therapies in Forensic Mental Health Services in Scotland

A Report of the Psychological Services SLWG
April 2022

CONTENTS

1. INTRODUCTION

Psychological therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help individuals understand and make changes to their thinking, behaviour and relationships in order to relieve distress and improve their functioning. Guidance for the planning and delivery of psychological therapies by NHS services in Scotland is outlined within *The Matrix: A Guide to Delivering Evidence-based Psychological Therapies in Scotland* ('The Matrix')[1]. Initially produced in 2008, it summarises the most up-to-date advice on evidence-based psychological interventions and provides information and guidance on implementation and governance of a stepped care model. Stepped care models are intended to make evidence-based interventions accessible to a greater number of people using a fixed set of service resources. The Matrix underwent major revisions in 2011 and 2014 in response to new health policy initiatives and the evolving evidence base for psychological therapies.

In light of the specific needs of patients within forensic mental health services, the Forensic Mental Health Matrix ('Forensic Matrix') was published in 2011 and is a guide to help providers of NHS mental health services deliver evidence-based psychological therapy and interventions for patients who pose a risk of harming others and who either present with psychological distress and/or are detained under the Mental Health Act due to having been diagnosed with a mental disorder. It is intended to apply to both community and inpatient services and was written as an addition to the general services "*Matrix: Guidance to Delivering Evidence Based Psychological Therapies in Scotland*". The Forensic Matrix endorsed the stepped care model of the Matrix and proposed a similar model for a forensic population and the importance of this being delivered within the context of the therapeutic milieu.

Concurrent to the publication of these key documents, Scottish Government produced performance targets for services called Health Improvement, Efficiency, Access and Treatment (HEAT) targets and in 2010 introduced a HEAT target for NHS Scotland Boards for psychological therapies; this is commonly referred to as the 18-week referral to treatment target (RTT) and focused on high intensity and highly specialist interventions. By 2014, this target was for NHS Boards to achieve 90% of patients commencing psychological treatment within 18-weeks of referral; a target which applied to all child and adult mental health services, therefore mental health services operating within territorial NHS Health Boards were expected to strive to meet this target. HEAT Targets were subsequently replaced by Local Delivery Plan (LDP) Standards in 2015. The 18-week RTT target serves as a driver for services to reduce waiting times and the guidance within the Matrix serves as a tool to assist NHS Health Boards in providing evidence-supported treatments whilst meeting targets. Public Health Scotland (PHS) currently provide a mechanism for Boards to monitor and report progress on this target and the latest summary available highlighted that in December 2021, 84.4% of patients were reported as commencing treatment within 18 weeks[2]. At present, not all forensic mental health inpatient services report on their progress against this target; however, it is noted that reports are often provided for community forensic mental health services and prison settings.

Over the past ten years, the Forensic Network have hosted the Forensic Matrix Implementation Group, a senior operational delivery group which seeks to develop a joined-up approach to the delivery of psychological therapies within forensic mental health services in Scotland. Much of the group's remit previously related to the development and piloting of new intervention protocols to address underlying mental health needs of forensic patients. The group are responsible for overseeing the implementation of these nationally agreed protocols and for monitoring the delivery and training needs relating to the Forensic Matrix. The group have now achieved many of their original aims and continue to meet to discuss the implementation of the Forensic Matrix in Scottish forensic mental health

[1] The Matrix: a Guide to Delivering Evidence-Based Psychological Therapies (2015)
[2] NHS Scotland Performance against LDP Standards

services. Discussions have highlighted several key barriers faced by services in implementing protocols and the group have supported research to evaluate the overall implementation of the Forensic Matrix document.

In early 2021, two pieces of research which the Forensic Matrix Implementation Group had supported reached their conclusion. One was a PhD Study titled '*An examination of the Forensic Matrix guide to delivering psychological therapies in forensic mental health services in Scotland*' and the other was a Process Evaluation of CBT for Psychosis in a high secure setting (Doctoral thesis). Given the research findings potential applicability and implications for the delivery of psychological therapies across the forensic estate, an initial meeting was held with both researchers, the Head of Psychology within The State Hospital, the Chair of the FMIG and colleagues from the Forensic Network in February 2021.

At this time, it was noted that both pieces of research were concluded at an exciting time within forensic mental health services, due to the then imminent publication of the Independent Review into the Delivery of Forensic Mental Health Services final report on 26th February 2021. Colleagues also noted that it had been ten years since the publication of the Forensic Matrix document and consideration should be given to whether this required review given updates in the evidence base, structural changes in the forensic mental health estate and learning from implementation of the model proposed in the paper.

Alongside this, NHS Education for Scotland announced a further review of The Matrix document across 2021 – 2023. This review aims to take into account any developments in the evidence for psychological interventions and therapies, as well as reflecting any changes in national priorities and working practices since 2015.

Given the barriers to implementation highlighted by the FMIG, the emergence of new research relating to the implementation of psychological therapies in forensic mental health services in Scotland, the ongoing review of the Matrix by NES and the publication of the Independent Review into the Delivery of Forensic Mental Health Services; it was suggested that it would be beneficial to pause, reflect on the progress made to date and consider whether a different approach is required in delivering psychological therapies in Scotland to overcome the barriers that the FMIG have identified. A short-life working group was convened in October 2021 with representatives from the FMIG, nursing, psychiatry, NHS Education Scotland (NES), operational managers and academics working in forensic mental health.

This report aims to summarise the work of the short-life working group in considering the future of psychological therapies in forensic mental health services in Scotland.

1.1 Membership

Name	Job Title / Health Board
Dr Lindsay Burley CBE	Chair
Dr Karen Allan	Consultant Forensic Clinical Psychologist, NHS Grampian
Ms Lindsay Ellis	CBT Therapist, NHS Tayside
Dr Sandra Ferguson	Associate Director, NES
Dr Elizabeth Flynn	SOLS Lead Psychologist / FN Clinical Lead for Serious & Violent Offenders
Dr Hamish Fulford	Lecturer – Division of MH & Integrated Practice, UWS
Dr Lindsey Gilling McIntosh	Research Fellow, University of Edinburgh
Ms Michele Gilluley	Consultant Forensic Psychologist, Ayr Clinic
Dr Sarah Gladden	Consultant Clinical Psychologist, NHS GG&C
Ms Caroline Kelly	Forensic Network Manager
Dr Heather Laithwaite	Head of Forensic Clinical Psychology, NHS Forth Valley
Dr Fiona Mair	Consultant Clinical Psychologist, NHS Lanarkshire
Dr John Marshall	Consultant Clinical Psychologist, The State Hospital
Dr Robyn McRitchie	Consultant Clinical Psychologist, NHS Grampian
Dr Adam Polnay	Consultant Psychiatrist in Psychotherapy, NHS Lothian/TSH
Dr Natasha Purcell	Consultant Clinical Psychologist, NHS GG&C
Dr Katharine Russell	Consultant Clinical and Forensic Psychologist, NHS Lothian
Ms Moira Scott	Consultant Forensic Psychologist, NHS Fife
Dr Cindy Shiels	Consultant Clinical Forensic Psychologist, NHS A&A
Ms Kirsteen Slavin	Inpatient Clinical Services Manager, NHS GG&C
Dr Judy Thomson	Director of Training for Psychological Services, NES
Dr Helen Walker	Consultant Nurse, Forensic Network
Dr Elaine Whitefield	Consultant Clinical Psychologist, NHS Tayside
Mrs. Michelle Nolan	Forensic Network Administrator

1.2 Meeting dates

The group met on six occasions. Given national restrictions in place due to Covid-19 and the desire to involve colleagues from all geographical areas in Scotland, meetings were all held remotely via use of Microsoft Teams. Due to a national increase in Covid-19 cases in January 2022, all meetings were postponed to allow services to focus on delivery of safe patient care; the group resumed meetings in February 2022.

Meeting dates were as follows:

- 25th October 2021
- 29th November 2021
- 20th December 2021
- 1st February 2022
- 28th February 2022
- 11th April 2022

1.3 A note on use of the terms 'Matrix' and 'Forensic Matrix'

The Matrix: A Guide to Delivering Evidence-based Psychological Therapies in Scotland ('The Matrix') is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. It provides a

summary of the information on the current evidence base for various therapeutic approaches, guidance on well-functioning psychological therapy services and advice on governance issues.[3]

The Matrix is published by NHS Education for Scotland (NES), in partnership with Scottish Government. It aims to support services within local areas to plan and provide the most effective available psychological treatment for their particular patient population. As such, evidence tables contained within the Matrix cover a range of specialist areas, including Forensic Services.[4]

The Forensic Mental Health Matrix **('Forensic Matrix')**, published in 2011, was commissioned in recognition of the specific needs of patients in forensic mental health services and was written as an addition to the Matrix published by NES. It endorses the principles outlined in the Matrix and proposes a model of matched stepped care for forensic patients. The Forensic Matrix notes that forensic patients present with a range of clinical problems in common with other users of mental health services, and in the absence of specific outcome research with samples of forensic patients, the evidence tables contained in the Matrix can be used as a guide to treatment planning. However, forensic patients also have treatment needs relating to offending behaviours (such as sex offending, anger and violence) which were not included in the initial version of the general Matrix.[5]

In 2014, a 'Guide to Delivering Psychological Therapies in FMH: Governance Manual for Managers and Service Providers' was subsequently produced to support service providers with the implementation of the Forensic Matrix within forensic mental health services. This was updated in 2017.

The primary focus of this report is the Forensic Matrix document (2011). However, as a relevant, national piece of work, there will be reference made to the Matrix published by NES throughout ('The Matrix').

[3] The Matrix (2014) Part 1
[4] The Matrix (2014) Forensic Evidence Tables
[5] Forensic Network (2011) Forensic Mental Health Matrix

2. TERMS OF REFERENCE

The overarching aim of this work was to consider the way forward in relation to delivery of psychological therapies within forensic mental health services in Scotland. The Terms of Reference outlined that this work should consider services across all levels of security.

The following issues were agreed to be considered:

- The utility and value of the current 'Forensic Matrix'
- Identification of what has worked well in implementation of the Forensic Matrix
- Identification of the barriers or challenges to implementation of the Forensic Matrix
- Comparison of the Scottish Forensic Matrix to models of delivery of psychological therapies in other forensic mental health systems, drawing upon research and international comparisons.
- Consideration of the psychological needs of individuals in forensic Intellectual Disability services
- How existing resources should best be used across the forensic mental health estate to facilitate delivery of psychological therapies. Consideration should be given to the use of resources in relation to both the delivery of psychological therapies and development/review of protocols and materials.
- Proposals as to the way forward for psychological therapies within forensic mental health services including identification and / or development of appropriate therapies, their evaluation and monitoring.

It was agreed that an independent, external Chair, who was not involved in the direct delivery of Psychological Therapies would be sought in order to provide a neutral stance and facilitate discussions. Administrative support was provided by the Forensic Network office.

The group were asked to complete a written report of their findings by the end of April, to be submitted to the Forensic Network Director and to be considered by the Inter-Regional Group.

3. CURRENT PRACTICE

3.1 Outline of current practice

As noted, both the Matrix and the Forensic Matrix guide the overall safe and effective delivery of psychological therapies in forensic mental health services.

The Forensic Matrix proposed a model of stepped care for forensic patients built on the premise that although forensic patients may present with complex problems, often patients will present with common underlying psychological needs which can be, or may require to be, addressed prior to embarking on more intensive offence-specific work (see Diagram 1).

Diagram 1: Example model of Underlying Needs Across Problem Areas of Psychosis, Substance Misuse and Violence

Forensic patients may lack insight into their mental disorder and symptoms, lack adaptive coping skills to manage psychological distress, and struggle to identify and use appropriate interpersonal skills to build and maintain healthy relationships. According to the Forensic Matrix, thorough evaluation of a patient's risk and needs by highly specialist practitioners will identify which interventions are appropriate and how these should best be sequenced, recognising that needs may be met at differing levels of intensity intervention and treatment. For example, it may be appropriate for patients to engage in 'low intensity' (LI) interventions that are less resource-intensive, prior to engaging in highly resource intensive, specialist therapies. Several psychological intervention protocols, each addressing different underlying needs, have since been developed as part of the Forensic Matrix suite of interventions, details of which are below.

Forensic Matrix Protocols

'On the Road to Recovery' (LI) which comprises two distinct modules covering psychoeducation, basic coping skills and coping skills enhancement.

'***Knowing Me'*** (LI) which focuses on the development of self-awareness and self-formulation skills.

'Making Healthy Changes' (LI) which covers underlying needs related to substance misuse and other unhealthy lifestyle choices, motivation and engagement difficulties.

'***Tune-in'*** (HI) which focuses on emotional awareness and learning ways to cope with unpleasant feelings.

'***Information Programme'*** to support patients to understand different aspects of their care and treatment whilst in hospital; focusing largely on psychological treatments.

'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.

New to Forensic (N2F): Essentials of Psychological Care

The development of an introductory education programme which was designed to help build psychological understanding and therapeutic capacity across the workforce, with particular emphasis on supporting clinical staff to gain a solid grasp of how psychological theory and practice is used to help forensic patients to change.

With respect to the Forensic Matrix and its role in informing delivery of interventions and care of patients within forensic settings, there are two further areas to mention. Forensic services often provide care and treatment for patients who have significant interpersonal difficulties, sometimes referred to as Personality Disorder, and a position paper has been produced outlining psychological approaches to Personality Disorder within forensic mental health settings.[6] Subsequent to this, work has focused on the benefits of Structured Clinical Care (SCC) and Reflective Practice within forensic mental health settings.

SCC has been defined as an approach to care that is comprehensive, systems-wide, multi-disciplinary, psychologically informed and is underpinned by a reflective and responsive environment[7]. The core purpose is to ensure patients are in a clinical environment where they can access psychologically informed care and treatment, where appropriate. A paper produced in October 2018 outlined the principles of structured clinical care and how implementation of same can benefit forensic mental health services. It is noted that training staff to deliver psychological interventions also impacts on SCC; as the workforce become more psychologically minded and bring those skills to their daily interactions with patients which supports the relationally based model to SCC.

Alongside this work, a Reflective Practice Framework was also developed (2018)[8] which outlined the role of reflective practice and staff competencies required to facilitate this process. It is noted that reflective practice groups are a reflective space for staff teams to discuss their clinical work with complex patients and to understand some of the dynamics they are a part of within their role. Whilst clinical supervision provides a forum for ensuring clinical governance and the fidelity of treatment modality used, reflective practice is focused on exploring and reflecting on work with patients, in a safe and supportive setting.

3.2. Role of the Forensic Matrix Implementation Group (FMIG)

In 2011 the Forensic Matrix Implementation Group (FMIG) was established as a senior operational delivery group by the Forensic Matrix Steering Group, to provide an opportunity for developing a joined up approach to the delivery of Psychological Therapy Services across Scotland. The group was designed as a short-life working group which sought to drive forward the agenda for implementation of the Forensic Matrix and to support service delivery across Scotland.

The remit of the Forensic Matrix Implementation Group revolves around ensuring that there are clear protocols designed to meet the needs of forensic mental health patients (see previous section). The group are responsible for overseeing the implementation of these protocols nationally and monitoring both delivery, and any training needs, in relation to the Forensic Matrix. The group is comprised of representatives from each health board (often psychologists involved in the delivery of psychological therapies), the Forensic Network, and NHS Education for Scotland (NES). Meetings are held four times per year and the group have a governance structure in which they formally report and provide updates on their work to the Forensic Network Inter-Regional Group on a bi-annual basis. A copy of the group Constitution can be found in Appendix A.

[6] Position Paper: Psychological Approaches to Personality Disorder in Forensic Mental Health Settings (2015)
[7] Principles of Structured Clinical Care (2018)
[8] Matrix Reflective Practice Framework (2018)

The Forensic Matrix document places the responsibility to implement appropriate governance of the matched stepped care model with individual territorial NHS Health Boards and the FMIG has provided guidance for implementation through the production of a governance manual; originally developed in 2014 and updated in 2017[9]. As overall responsibility for implementation and delivery of psychological therapies sits with NHS Health Boards, members of the FMIG also formally report to their Health Board Psychological Therapy Steering Groups (PTSG) on implementation and delivery of psychological therapies.

Over the past 10 years, the Forensic Matrix Implementation Group achieved many of their original outcomes including:

- the development of a set of protocols which interlink to meet the needs of patients across the forensic mental health estate (e.g. On the Road to Recovery; Connections; Knowing Me; Planning for the Future, Tune-in, Making Healthy Changes).
- Identification of a range of training needs and delivery of courses in response to these (e.g. Low Intensity Practitioner training).
- Identification of models of service delivery and supervision.
- Supporting the operationalisation and roll-out of the matched stepped care model of psychological service delivery within prison mental health settings.

In recent years, the group have continued to meet to monitor and discuss the implementation of protocols, SCC and training needs across the estate. Recognition has been given to some of the barriers faced by services in delivering the Forensic Matrix and ways in which these could be overcome.

3.3. What has worked well in implementation of the Forensic Matrix

The Forensic Mental Health Matrix (2012) document contains guidance on the essential aspects of service delivery that are required to ensure the provision of safe, effective and efficient psychological interventions.

Ensuring effectively trained staff

The successful operationalisation of the matched stepped care model described within the Forensic Matrix required an expanded workforce which would have capacity to deliver protocols. NES and the School of Forensic Mental Health (SoFMH) developed Low Intensity (LI) training in order to meet clinical need and increase the number of staff able to deliver psychological therapy in forensic settings. This comprised of a 5-day practical skills and competency based training to introduce practitioners to the skills necessary to deliver the agreed suite of LI protocols and to develop their general level of psychological mindedness, psychological literacy and psychological skill-set. Since its inception in 2012, there have been approximately 346 practitioners trained to deliver these LI psychological interventions, the majority of which are nursing staff and assistant psychologists; although there are some allied health professional staff such as occupational therapists who have also been trained to deliver LI interventions within some services.

The group considered that this has successfully allowed for staff to be appropriately trained and skilled to enable the continued delivery of LI interventions within forensic mental health services and to enable safe and defensible practice. Furthermore, the synergy of nursing and psychology colleagues throughout this process was noted to be highly beneficial. The upskilling and training of nursing staff to deliver psychological therapies was noted to provide support and resource to psychological therapy departments, particularly those in smaller geographical NHS Health Boards. Furthermore, members noted that nursing colleagues trained in LI often share their increased

[9] Guide to Delivering Psychological Therapies in FMH: Governance Manual for Managers and Service Providers (2017)

understanding and knowledge of psychology with their ward-based colleagues and have frequently highlighted the benefits of engaging in the process of supervision. Whilst there are clear benefits gained in relation to increasing capacity and resources, practitioners undertaking the training appear to have gained a wide range of benefits which have had an overall positive impact on service delivery; however, no formal evaluation has ever been undertaken to explore this.

Usage of Forensic Matrix protocols across Scotland

The group acknowledged that the majority of NHS Health Boards in Scotland who deliver forensic mental health services are aware of, and offer Forensic Matrix interventions. Certainly, high and medium secure services and several low secure services offer these interventions. The exception are Forensic Intellectual Disability services which have typically not adopted use of Forensic Matrix protocols, despite adaptations being made to three of the low intensity protocols to support their use with patients with an intellectual disability. Further information is contained on forensic intellectual disability services within section 4.3 of the report.

There was recognition that there is a breadth of well-written protocols available for use which are peer-reviewed, formulation driven and based on underlying needs. Anecdotally, completion rates for LI interventions appear to be high across the forensic estate which indicate that these interventions are generally valued and accepted by patients. These interventions also provide an opportunity to socialise patients to group therapy processes prior to engaging in higher intensity and other, specialist and individualised interventions.

Consistency

The creation of the Forensic Matrix Implementation Group was noted to provide a forum for practitioners from across NHS Health Boards to share practice and gain an overview of the delivery of psychological therapies across the forensic estate. Discussion also ensured that the governance framework was developed to allow for successful training in the delivery of psychological therapies and to ensure that programmes were delivered as intended.

3.4. Barriers to the successful implementation of the Forensic Matrix

Whilst there have been many successes in the implementation of the Forensic Matrix over the last ten years, there have been some operational challenges that have been difficult to overcome. As noted previously, many of these challenges had been highlighted to, or by, the Forensic Matrix Implementation Group (FMIG) in recent years and it is noted that many of them relate directly to the delivery of LI interventions, rather than interventions which are considered to require High or Highly Specialist practitioners for delivery.

Multi-Agency approach and workforce implications

The Forensic Matrix recommended that forensic mental health services should operate a multi-disciplinary and multi-agency approach to case management using the Care Programme Approach and services should have access to the full range of professionals to meet the psychological therapy needs of their patient group. The skills and competencies of the staff who deliver therapies depends on the 'level of intensity' of the treatment to be delivered.

As discussed, a model emerged where nursing, psychology and occasionally Occupational Therapy staff would work together to deliver low intensity interventions. This allowed for the consistent delivery of basic interventions aimed at problems with behaviour or emotion regulation which contribute to offending behaviour. The group noted that the turnover and retention of staff within forensic mental health services has led to challenges in ensuring there is a consistent flow of staff trained in the delivery of forensic mental health interventions; particularly LI interventions which typically rely on nurses and assistant psychologists for delivery. In addition, it has been noted that despite the training being largely successful, there are occasions where staff have completed the training but do not feel confident to deliver interventions upon returning to their service. This may reflect that staff who are put forward for training may be at different stages in terms of their psychological awareness and knowledge.

Difficulties have also been faced in effectively securing dedicated time for nursing staff to deliver psychological therapies and to engage in supervision. Resourcing of nursing staff within NHS Health Boards is under the authority of Nursing Senior Managers and at times of increased pressure within forensic services, nursing time and resource is prioritised for the safe delivery of patient care. This has been particularly evident over the last two years when services have been faced with the Covid-19 pandemic. However, it is important to note that this is not an issue which has arisen solely due to Covid-19, but has long been a difficulty in facilitating multi-disciplinary delivery of psychological therapies within a forensic context. Services who have not faced this issue to the same extent tend to have nurse therapists who are a core part of the Psychological Services department; for example, within The State Hospital, or who have protected time for the delivery of psychological therapies.

Population size

Over the last ten years, the downsizing of The State Hospital and the increase in medium and low secure provision within Scotland has led to a dispersal of the forensic mental health population in Scotland. This has significant advantages for patients in that they are often receiving care and treatment in services closer to their family and friends and can access services within their home NHS Health Board, which aids recovery and rehabilitation in the longer term.

However, it has been acknowledged that having smaller patient numbers in each service may have contributed to reduced demand for group interventions. This can also have a negative impact on staff training and maintaining competencies for delivery. Services will often train several members of staff in delivery of low intensity interventions, however only deliver one group due to patient need, which will require 2-3 members of staff. Those who have not had adequate opportunity to deliver interventions may not feel competent to deliver by the next time a group is required. This has been overcome in some services by delivering therapies on a 1:1 basis which allows for patient need to be met and staff competencies to be maintained where possible.

Patient pathways

Difficulties in population size are often exacerbated by patients' typical route of moving down levels of security in their pathway through forensic mental health services. In many cases, patients who have been cared for within a high secure setting will have completed LI interventions prior to being transferred to conditions of lower security; therefore, a clinical assessment of the need to repeat these interventions is often required as the patient progresses through their pathway. As a result, medium and low secure services who may receive patients from conditions of higher security often focus on the delivery of individualised and tailored work; from a service need perspective this is appropriate in responding to the needs of the patient group. This individualised approach is also necessary for patients in low secure setting who do not step down from higher security but are admitted from prison, custody or community settings. Many of these patient's hospital stays are shorter in duration and although some of them are able to avail of programme work, the remainder require more tailored and adapted interventions.

Patients may only be in the care of medium or low secure services for a short time and their formulation may indicate an outstanding need for engagement in High Intensity or Highly Specialist interventions, as well as Low Intensity interventions. Therefore, priority is required to be given to addressing their needs and the appropriate sequencing of interventions.

Governance

The Forensic Matrix document outlines the requirement for organisations to have structures in place for the governance of forensic psychological therapies and sets out a list of governance tasks associated with this. Recommendation is also made that each service has access to a psychological therapy service strategy group led by a senior clinician – a "Psychological Services Lead", who can provide advice as to psychological models of care.

As noted, a governance manual was produced in 2014 and subsequently updated in 2017, which operationalises the general guidance within the Forensic Matrix and refers to assessment, delivery of interventions, supervision and evaluation procedures.

Within forensic mental health services in Scotland, governance and accountability for the delivery of psychological therapies lies with individual territorial NHS Health Boards. This can lead to variation in practice across geographical areas and differing priorities being given to the delivery of psychological therapies based on service size and influence within the Health Board. For example, each Health Board makes decisions about which psychological modalities and therapies to support within their psychology strategy and this affects the number of training places, local supervisors and local Continuous Professional Development opportunities that are available. This allows for staff within Health Boards to access training and supervision within their Health Boards. Variation in the therapeutic modalities supported can be beneficial and may result in a wider range of treatment being available for specific needs (e.g. personality disorder). In addition, patients moving through levels of secure care into the community will be working with a model which they are accustomed to.

The creation of the FMIG was viewed as a way to overcome any unwanted variation in practice, achieve greater consistency and to oversee the implementation of psychological therapies in forensic mental health services. Whilst consistency is important, it is noted that the intention was not to remove all variation and services require to respond to local demand where needed. However, the FMIG has no authority in directing NHS Health Boards and has operated primarily as a forum for sharing good practice, emerging research and supporting Psychological Service Leads to advise their NHS Health Boards. It also provided opportunity for services within smaller NHS Health Boards to pool resources from neighbouring Boards to allow for shared expertise in training or supervision, where required; though evidence of this occurring in practice is limited.

The FMIG provide updates on a bi-annual basis to the Forensic Network Inter-Regional Group (IRG) which is attended by Regional Health Board Leads (South East, North, West and TSH). Historically, it has been noted that at times there have been competing or conflicting priorities placed on Psychological Service Leads by both the IRG and territorial NHS Health Boards. For example, the emphasis on return on investment (ROI) figures from the IRG has contributed to the FMIG focusing more on LI interventions and evidencing their delivery. This has led to a lack of discussion and focus on the implementation of high intensity, highly specialist and other interventions at FMIG meetings.

4. DISCUSSION

Having explored the implementation of the Forensic Matrix within forensic mental health services in Scotland, the group sought to explore research evidence relating to the Forensic Matrix and Stepped Care Models (SCMs) more broadly. Consideration was also given to ways in which many of the existing barriers to implementation could be overcome.

4.1 Research

4.1.1 Research on the delivery of psychological therapies in forensic mental health services

Research on psychological therapies in forensic mental health began to develop into its own research area around the year 2000, borne out of both the 'What Works' offender rehabilitation literature of the 1990s and contemporary research in general adult mental health treatment. To date the research evidence base and clinical practice is still heavily informed by clinical developments and methodological advancements in both of these fields.

Evidence-based practice (EBP) principles underpin best practice and clinical guidance in this area, like most modern healthcare specialties. EBP offers a framework for clinical decision making leading to the safest and most effective care based on the best available evidence[10]. Decision making in EBP involves the integration of (a) the best available research evidence, (b) clinical judgment and expertise and (c) the patient's values and preferences. In theory these three spheres should be considered in equal measure, though the frequency that this occurs in psychological practice has been questioned[11]. UK clinical guidance for the treatment of psychiatric disorders, including NICE and SIGN guidelines, embrace the principles of EBP. Psychological professional practice guidelines cite activities such as routine audit, service evaluation, and outcome evaluation as integral components of EBP and good service provision generally[12]. However, the extent to which EBP principles affect real-world clinical forensic mental health practice has not been well explored to date. A recent national survey of UK forensic mental health inpatient services found limited adherence to the principles of EBP in the delivery of group-based offence-specific psychological treatment for forensic patients[13]. Further research is therefore warranted to explore the barriers and facilitators to implementing EBP principles into forensic mental health practice.

International evidence-based clinical guidelines, including those published by NICE and SIGN, recommend 'stepped care models' (SCM), or tiered models of service delivery, for the treatment of a range of mental health problems including depression, anxiety, alcohol use disorders, and psychosis. Most models follow a cognitive behavioural therapy (CBT) approach, though not all. SCMs aim to increase access to evidence-supported therapies by making efficient allocation of psychological therapy resources through the provision of 'low intensity' high-volume interventions[14]. The nature of LI interventions can vary widely across SCMs; for example, this may be the provision of an information leaflet in one model and a round of internet-delivered CBT in another. As highlighted previously in this report, the Matrix and Forensic Matrix guidance embrace a stepped care model of service delivery. It is recognised that LI Forensic Matrix interventions would be considered higher intensity interventions in some other service settings and patient groups.

[10] Spring, B. (2007). Journal of Clinical Psychology. https://doi.org/10.1002/jclp.20373
[11] Stewart, R.E. et al. (2018). Practice Innovations. https://psycnet.apa.org/doi/10.1037/pri0000063
[12] British Psychological Society (2017). Practice Guidelines. https://www.bps.org.uk/news-and-policy/practice-guidelines
[13] Mallion, J.S. (2020). International Journal of Forensic Mental Health. https://doi.org/10.1080/14999013.2019.1648344
[14] Bower, P. and Gilbody, S. (2005). British Journal of Psychiatry. https://doi.org/10.1192/bjp.186.1.11

Research describing and evaluating psychological service delivery models in forensic settings is scarce, and in fact a scoping review of the relevant research literature failed to find other examples than that described in the Forensic Matrix. While the SCM outlined in the Forensic Matrix may be the first to be specifically proposed and outlined for a forensic mental health population, anecdotal evidence cited by clinicians with links to forensic mental health services elsewhere in the UK suggests that other forensic services likely deliver a similar tiered service model for patients' various psychological and forensic needs, though may place less emphasis on LI interventions.

As clinical guidance does not typically offer a formal 'blueprint' for treatment delivery, there is significant variation in the design of stepped care services as described in practice (i.e. method of allocation to the initial step, number of steps, number of intervention options within steps)[15]. There has been limited research to date into the implementation of SCM for mental health services, though evidence thus far indicates that while these models may make efficient use of resources, they are not responsive to patients' needs or treatment progress. Instead available evidence suggests features of SCMs in practice are largely determined by local patient referral practices and availability of staff resources[16].

4.1.2 Research within the Forensic Network

In 2011, the Forensic Matrix document highlighted that at that time, the evidence base for psychological interventions with patients in receipt of forensic mental health services was severely limited. The document reviewed the strongest level of evidence from therapies addressing problems forensic patients commonly present with: anger, personality disorder, psychosis, sexual offending, substance misuse and violence. Insufficient evidence from primary studies prevented making treatment recommendations for a number of clinical problems, and for those such as anger, violence, and sexual offending, where there was evidence to merit recommendations, much of the evidence base originated from samples of offenders without mental disorder.

In 2015, it was noted that there remained a critical need to evaluate the effectiveness of Forensic Matrix protocols in order to ensure services were delivering evidence-based treatments, but to also contribute to the limited evidence base for psychological therapies in forensic mental health. A PhD thesis was jointly commissioned by the Forensic Network and The State Hospital to evaluate the use of the Forensic Matrix in Scotland. As part of this work, the evidence base for the delivery and evaluation of psychological therapies was reviewed and compared against the Forensic Matrix guidance.

This research reached conclusion in 2021. In recognition of the potential relevance of this research to the Terms of Reference of the current group, a presentation was received from the author, Dr Lindsey Gilling McIntosh, on key findings and recommendations from the thesis at the meeting on 1st February 2022. Dr Gilling McIntosh highlighted that whilst the research showed practitioners' enthusiasm to undertake the stepped care approach, a scoping exercise undertaken in 2015 reviewed the delivery of Forensic Matrix protocols across the Forensic Network against the evaluation guidance of the Forensic Matrix and found incomplete adherence to the suggested evaluation procedures; notably a lack of use of protocol-specific outcome measures which were intended to be used to evaluate improvement in specific underlying needs addressed by the intervention. A multi-site feasibility randomised controlled trial of one of the LI interventions, On the Road to Recovery (OTRTR), documented a reduced number of referrals from medium and low security units and challenges in resourcing the group delivery of this intervention, aligning with anecdotal evidence from the FMIG and psychological practitioners across the estate. A key recommendation of the overall PhD research was that services should consider opportunities to embed a meaningful process of treatment outcome evaluation and monitoring into core service delivery. Additionally, it was

[15] van Straten, A. et al. (2015). Psychological Medicine. https://doi.org/10.1017/s0033291714000701
[16] Richards, D.A. et al. (2012). Implementation Science. https://doi.org/10.1186/1748-5908-7-3

recommended that continued use of Forensic Matrix protocols should be contingent on adoption of the governance standards pertaining to delivery, supervision and evaluation set out in the Forensic Matrix governance manual.

Further research is currently ongoing within NHS Greater Glasgow & Clyde exploring the implementation of 'low intensity' (LI) psychological interventions in forensic mental health services using the Normalisation Process Theory (NPT) Framework. The research is specifically exploring whether NPT should be used as a conceptual tool for evaluating whether the matched stepped care approach, specifically LI psychological interventions and related processes, have become embedded in practice. Whilst led by a team within NHS Greater Glasgow & Clyde, this research is being conducted across the Forensic Network and further highlights that practitioners have recognised and been interested in studying implementation challenges for some time. It is anticipated that the outcome of this research will be of particular relevance to any future discussions regarding the Forensic Matrix.

In summary, it would appear that research describing and evaluating psychological models of service delivery in forensic mental health services remains scarce. Research into the implementation of matched stepped care models within mental health services highlights that in practice, success is often determined by referral practices and the availability of staff resources; in keeping with current practice in Scottish forensic mental health services as outlined in section 3 of the report.

4.2 Workforce issues

As detailed in section 3.4, staff resources and availability have been cited as a key limiting factor in the delivery of Forensic Matrix interventions. The PhD thesis evaluating the Forensic Matrix also noted these difficulties and recommended that a review of available service resources and how these are utilised should be undertaken across forensic mental health services in Scotland.

The group agreed that service delivery requirements outlined in the original Forensic Matrix document still applied and that there are many benefits to a multi-disciplinary and multi-agency approach being taken to the delivery of psychological interventions within forensic mental health services. However, in a real-world setting, it has been difficult to achieve these due to limited funding, competing pressures from within organisations and a lack of managerial authority over staff with other professional backgrounds. The delivery of psychological therapies is only one aspect of a Forensic and Clinical Psychologist's role. Some services have managed to successfully continue working in a multi-disciplinary fashion, but this has often been related to significant levels of senior-management support, or the availability of a wider pool of psychology service resource more generally within the Health Board (e.g. The State Hospital).

Numerous examples were provided of ways in which services have sought to overcome some of the identified challenges including:

- In NHS Ayrshire & Arran, staff who have received LI training are supported to use their skills to deliver protocols on a 1:1 basis, where appropriate. This ensures that staff have opportunities to utilise their skills and maintain their competencies in delivery of LI interventions, but also that patient need continues to be met in a timely manner.
- Within The State Hospital, 'link nurses' have been used to support the facilitation and delivery of LI interventions. This involves ward-based nursing being provided with dedicated time for the delivery of interventions and supervision, which would reduce the likelihood of resources being redirected at times of pressure and allow clear protected time for this aspect of the role.

Consideration should be given to the creative use of resources in order to expand the workforce, for example, enhancing Assistant Psychologist provision across Health Boards with the option of minimum 12-month contracts. The group also briefly considered the increased recruitment of Clinical Associates in Applied Psychology (CAAP) to contribute to the delivery of psychological interventions; however, it was noted that CAAP roles are typically based in primary care settings and therefore may not be able to work autonomously in forensic mental health settings with patients who have severe and enduring mental health problems. Any consideration of this as an approach would require careful planning with NHS Education Scotland and workforce planning around feasibility and appropriate Agenda for Change banding for such practitioners.

A key consideration for workforce should also be the continued focus on enhancing staff well-being. Securing time and resource for staff wellness is an essential element of delivering trauma-informed care and ensures that staff are supported to provide high quality care to patients. Staff wellbeing within forensic services has long been highlighted as an area of need, but this has been exacerbated by the impact of the Covid-19 pandemic and services should continue to ensure the provision of staff wellbeing initiatives and support for staff involved in the delivery of psychological therapies.

The group also considered a number of potential developments to explore and monitor such as:

Piloting of the Enhanced Psychological Practitioner Programme (EPP) by NES
The Enhanced Psychological Practitioner Programme (EPP) aims to provide comprehensive training in evidence-based interventions for public and third-sector staff based in primary care settings. It equips staff with the competencies to deliver a set of Enhanced Psychological Interventions (EPI) which are CBT-informed. This programme also supports best-practice implementation structures, including supervision, regular outcome monitoring and clear risk management protocols to ensure safe and effective patient care. The group noted that it would be helpful to monitor the implementation of this programme and to consider the benefits that adopting a structured training programme such as this would have for those working within forensic mental health services, for example, having 'protected time'. However, it was acknowledged that at present, such a programme would require staff to be employed as an Enhanced Psychological Practitioner whilst training and so opportunities for nursing staff to become involved would be limited. This would negatively impact on the current model of delivery which focuses on multi-disciplinary input and enhancing psychological knowledge in the wider workforce.

Use of Technology Enabled Treatments
During the Covid-19 pandemic, many psychological services were required to adapt their method of engaging with patients and to adopt the use of digital platforms to meet patients for appointments and for the delivery of therapeutic interventions. Practitioners working within forensic mental health services were no exception to this; however, it was broadly acknowledged that the secure environment provided a number of additional challenges to practice in this area. A report by the Forensic Network examined access to communications and technology in secure mental health settings in 2018 and was updated in 2021 in light of the pandemic[17]. The update paper contained a number of recommendations with regard to overcoming organisational and clinical barriers to the use of technology within forensic mental health services.

In 2021, NHS Education for Scotland produced specific guidance on Supporting Technology Enabled Delivery of Psychological Therapies and Interventions.[18] This paper examined the efficacy literature and outlined principles for good practice in technology enabled care in Scotland. Whilst this was not specific to forensic mental health settings, many of the clinical, safety and accessibility considerations contained within are of direct relevance. It is anticipated

[17] Forensic Network (2021) Communications & Technology Update Paper
[18] NES (2021) Supporting Technology Enabled Delivery of Psychological Therapies and Interventions

that this change in delivery of psychological interventions and therapies will be reflected in the revised Matrix document.

The group noted the emergence of digital platforms and their potential to maximise the use of resources across forensic services in different geographical NHS Health Boards. However, it was agreed that further work is required in addressing accessibility, safety and operational issues in order to provide access to forensic patients. A proportion of forensic patients have difficulties with literacy and may not be experienced in the use of digital devices, which would need to be taken into consideration, alongside digital deprivation issues for patients residing in the community. There are also clear gaps in the literature with regard to use in forensic settings, and few studies examining cost-effectiveness of such an approach.

4. 3 Intellectual Disability Services

As noted within section 3.3, Forensic Matrix interventions have not been widely implemented within forensic Intellectual Disability (ID) services. Feedback from the Scottish Forensic Learning Disability Psychology Group (SFLDPG) indicated that the majority of forensic intellectual disability services in Scotland are not currently delivering Forensic Matrix interventions. Whilst there are therapeutic and social benefits derived from bringing patients together in a group format, the level of adaptation required to make content suitable for patients with ID is significant and may still only meet the needs of individuals functioning at the top end of the mild ID range. There are also concerns that patients with ID, who are already vulnerable to shame and stigma as a result of their disabilities, may experience further exclusion if the material is not suitably adapted to their needs, thus undermining any potential therapeutic benefits.

More broadly, the manualised treatment approach was noted to be unsuitable for this patient group given the high levels of heterogeneity and so a formulation-driven approach is considered more suitable in identifying and addressing needs. There is also a lack of clarity over which components are essential for patients with ID, rather than optional inclusions. Furthermore, outcome measures recommended for use alongside Forensic Matrix protocols were noted to be unsuitable for patients with ID given their reliance on self-report, and focus upon markers of stress and distress that may be more likely to manifest in those of average IQ.

Finally, practical barriers to the delivery of Forensic Matrix interventions within forensic ID services appear to mirror the experience of other forensic mental health services in the lack of resources to enable delivery (e.g. staff, protected time, governance). The 5-day LI training was felt to be insufficient to build staff skills and confidence to deliver the programmes within ID services and there is a noted lack of staff with experience of adapting material for patients with ID. Overall, there is a belief that interventions with ID-specific evidence base support should be prioritised for use with this population.

The DCP Faculty for People with Intellectual Disabilities are currently undertaking a review of the delivery of psychological interventions within forensic services for people with intellectual disabilities. The group considered that the lack of adoption of Forensic Matrix protocols within services in Scotland for this population and feedback provided by the Scottish Forensic Learning Disability Group would suggest that it would be most appropriate to await the outcome of the DCP Faculty review, prior to proposing any further changes to practice in this area in order to ensure effective psychological service provision for people with intellectual disabilities, which respect their rights, enhance their status and promote a positive image. Should consideration be given to changes to service delivery in the interim, for example the introduction of Technology Enabled Treatments, clear thought will still require to be given to the potential suitability and impact for patients within forensic intellectual disability services.

4.4 Future Governance of Forensic Mental Health Services

Whilst the short-life working group were keen to explore and develop recommendations as to the way forward for psychological therapies in forensic mental health services, it was agreed that due consideration should be given to the forensic mental health landscape and policy context in Scotland at this time.

In February 2021, the final report of the Independent Review into the Delivery of Forensic Mental Health Services was published containing 67 recommendations. The overarching recommendation within the report was the creation of a single system to govern forensic mental health services, through the creation of a 'Forensic Board'. It was noted that there was a greater need for strategic oversight and accountability across forensic inpatient and community services as a whole and that the creation of a Forensic Board would allow for operational authority to commission and manage services.

The report recommended improvements as to how forensic mental health and key partner services would operate and work together. Many of these proposed reforms represent very significant changes to how services work and would some require additional investment. Whilst the Independent Review did not make any clear, direct recommendations pertaining to the delivery of psychological therapies within forensic mental health settings, many of the barriers outlined in this report relating to the implementation of the Forensic Matrix could be impacted by any change in overall governance of services. As noted, one of the significant issues faced by services in reducing unwanted variation and promoting consistency is that governance of psychological therapies sits within individual NHS Health Boards; should there be a move towards the creation of a single system, this may impact on the overall oversight, reporting and implementation of psychological therapies in forensic services.

In November 2021, Scottish Government formed a 'Planning and Collaboration' short-life working group which aims to consider the recommendations and propose changes to improve support for planning, collaboration and improvement of forensic mental health services in Scotland. The SLWG will consider how best to bring forward the change that is needed and is expected to conclude in Summer 2022. Given the issues outlined in this report, it was agreed that there is a need to await the outcome of the Planning and Collaboration short-life working group with regard to how this may change future governance arrangements within forensic mental health services and to assess any specific impact on the Forensic Network.

The group also noted the need to give further consideration to changes once the review of The Matrix has been completed by NES and Scottish Government have published their revised National Quality Standards for Psychological Services and Psychological Therapies.

5. CONCLUSION

This report aimed to outline the work of the Psychological Services short-life working group in reviewing the delivery of psychological therapies within forensic mental health services in Scotland. The utility and value of the current Forensic Matrix was considered, alongside an assessment of the successes and barriers in the implementation of the matched stepped care model across the last ten years. The matched stepped care model proposed by the Forensic Matrix was noted to be an innovative response to the challenges and opportunities raised by mental health policy and the developing forensic estate at the time of publication.

The report highlights a number of implementation problems which have occurred in the process of applying the Forensic Matrix to real world practice in Scotland, including inadequate service and workforce resources, patient pathways and governance issues. Recent research has also highlighted areas of ambiguity in the current Forensic Matrix guidance and emphasised the need for services to embed a process of routine treatment outcome evaluation and monitoring into core service delivery.

The short-life working group initially aimed to set out clear proposals as to the way forward, including identification and development of appropriate therapies and their evaluation and monitoring; however, it became apparent that this review is being undertaken at a time of significant change within forensic mental health services. The ongoing work of the Scottish Government in response to the Independent Review into the Delivery of Forensic Mental Health Services is likely to lead to structural change in governance of forensic services and the creation of a 'single system'. Whilst this is unlikely to lead to significant changes in the type of psychological interventions delivered, it is likely that changes to governance structures will have significant implications on the implementation and delivery of psychological therapies in the longer term.

With this in mind, this paper notes the need for psychological practitioners and colleagues across the Forensic Network to await the outcome of this work and for further review to take place when the landscape is more defined. This would also allow for other ongoing national projects and reviews to conclude their work (e.g. NES review of The Matrix and the development of National Quality Standards for Psychological Services and Psychological Therapies) and would provide a clear starting point for a formal review of psychological therapies and their delivery within forensic mental health services.

6. RECOMMENDATIONS

The group wish to make a number of recommendations as to interim measures which can be taken forward to ensure that psychological therapies continue to be delivered as effectively as possible:

1. Forensic Matrix Implementation Group members are involved in the NHS Education Scotland (NES) Matrix review of the forensic tables. Given its relevance and the timeframes involved, the recommencement of the Forensic Matrix Implementation Group should be paused until the NES Matrix review of the forensic tables is complete.

2. Services should consider opportunities to embed a process of routine treatment outcome evaluation and monitoring into core service delivery. This would allow for meaningful service evaluation and support clinical decision-making at a patient and service level.

3. The report highlights a number of suggestions as to how to overcome workforce issues specific to the delivery of psychological therapies currently experienced within a forensic setting and these should be explored further. An analysis of current workforce resource, outlining provision across each service / Health Board, is recommended to inform this work.

4. Consideration should be given to use of digital services and technology enabled treatments and how these could be rolled out to benefit patients within forensic mental health services.

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8. APPENDICES

Appendix A - Forensic Matrix Implementation Group Constitution

Introduction

The group was established as a senior operational delivery group by the Forensic Matrix Steering Group, to provide an opportunity for developing a joined up approach to the delivery of Psychological Therapy Services across Scotland. The group is designed to drive forward the agenda for implementation of the Forensic Matrix and support service delivery across Scotland.

Remit

The remit of the group will revolve around ensuring that there are a set of protocols designed to meet the needs of forensic mental health patients. These protocols will deliver on common mental health and criminogenic needs across the population. The group will be responsible for over viewing the implementation of these protocols nationally and monitoring delivery.

The group will be responsible for:

- Identifying suitable training needs and delivery on these training needs
- Agreeing, designing and developing protocols to be implemented and discerning how this implementation will be managed
- Setting time frames for implementation and specific timescales for completion
- Developing an agreed evaluation procedure
- Developing agreed governance structures
- Providing support for the delivery of local services in order to meet national implications for a pan-dimensional Scotland approach
- Setting up working groups as required to deliver on group tasks
- Agreeing national strategy and action plans

Membership

Representatives will be sought from each health board, up to two representatives from each area. There will also be representation from the Forensic Network, School of Forensic Mental health and National Education Scotland. Membership will in part be driven by agenda and colleagues may be invited to join the group as appropriate.

Working Arrangements

The group will report to the Forensic Network Interregional Group. The group will meet four times a year or as required in order to meet business needs. Secretarial support will be provided by Forensic Network Administrators. Formal minutes of the meeting will be taken and papers will be circulated to members one week in advance of the meeting by email.

The forensic Matrix Working Group will nominate a chair and a deputy chair on a three yearly basis.

It is the chairs responsibility to lead and coordinate the group's activities. The role of the deputy chair will be to support the role of the chair, deputise as appropriate and pick up chairing responsibility if the chair is unavailable.

Nomination for the position of chair will take place every three years, or sooner if necessary. In the event of there being several nominees for the position there will be a vote, with each health board receiving one vote, the forensic network representative and National Education Scotland representative will also receive a vote.

A quorum will be six members and the chair will have the casting vote.

Reporting arrangements

The group will report to the Forensic Network Inter-regional group (IRG) and the Scottish Clinical Forensic Psychology Group. The chair will normally attend (but can appoint a deputy). A paper will be presented to the IRG on the group's activities. The paper will be circulated two weeks before the IRG meeting for comment by the membership.

Outcomes

The general outcome of the working group will be a set of protocols that can be used across all Forensic Network Services. Specific outcomes consist of:

- A set of protocols that interlink to meet the needs of patients in the forensic mental health estate
- Identified models of service delivery and supervision
- Identification of annual training needs of services and delivery against these training needs
- Clear evaluation processes outlined for each protocol
- Governance manual and standards outlined
- Monitoring of delivery of programmes across the estate

Last reviewed: 2021