Forensic Network

Celebrating 20 Years

NHS Scotland Global Citizenship Programme
Dr Khuram Khan, Consultant Psychiatrist, The State Hospital
Dr Helen Walker, Head of School, Forensic Network & SoFMH

SoFMH
SCHOOL OF FORENSIC MENTAL HEALTH

Background

Through Scotland's International Development Strategy Dr Khan has linked the Pakistan Psychiatry Society with the School of Forensic Mental Health (SoFMH). International development is a key part of Scotland's global contribution within the international community, and encompasses core values of fairness and equality.

The aim of the initiative is to link with mental health and legal professionals in Pakistan to share developments within Scottish medico-legal domains and to establish systems to share training and expertise. The use of technology will ensure the sustainability of educational initiatives and enable delivery from a range of international speakers.

The initial stages involved educating criminal justice professionals within Pakistan on issues relating to Mental Health, Law and Human Rights. In addition to raising awareness of the training opportunities provided by SoFMH to mental health professionals in Pakistan. This will be followed by exploring the 'twinning' of The State Hospitals Board for Scotland and SoFMH with Khaber Medical College, Peshwar, Pakistan.

Shortlisted for Scottish Health Award

The way forward

➢ Complete the development of the New to Forensic programme for practitioners working in Pakistan
➢ Train trainers and launch the programme in 2024

Forensic Network Intellectual Disability Services

Dr Jana DeVilliers Consultant Psychiatrist: Intellectual Disability Service Lead

Exploration of morbidity, suicide and all-cause mortality in a Scottish forensic cohort over 20 years

Cheryl Rees and Lindsay Thomson

tual disability within the UK prison system.[41] Again we propose that our intellectual disability cohort were protected from premature mortality precisely because they were, where appropriate, diverted from the prison environment and supported by specialist forensic psychiatric services within hospital and community settings, designed to promote and provide equality of life experience.

A national census of forensic in-patients with intellectual disability and five-year follow-up

Helen Walker[1,2] | Helen Mann[3] | Jamie Pitcairn[2] | Lindsay Thomson[4]

- Patients with ID are 17% of the Forensic Mental Health patient group
- 2018: 85 people with ID being managed by forensic ID services
- 41 (46%) moved to a lower level of security or a community setting within 5 years

Scottish Mental Health Law Review

Member of Practitioner's Panel

Making a difference? Ten years of managing people with intellectual disability and forensic needs in the community

Author(s):   Jana de Villiers (Fife Forensic Learning Disability Service, Lynebank Hospital, Dunfermline, United Kingdom)

Michael Doyle (Department of Psychology, Lynebank Hospital, Dunfermline, United Kingdom)

Abstract: Purpose

– Nationally community services for patients with intellectual disability and forensic needs are limited, and research to guide service development for this patient group with highly complex needs is sparse. The purpose of this paper is to provide an overview of referrals to and case management by the multi-agency Fife Forensic Learning Disability Service (FFLDS), including demographic data, treatment, risk assessments and outcomes.

getting it right for every child

The Expert Group on Preventing Sexual Offending Involving Children and Young People

Commissioned by the Scottish Government
Prevention of and Responses to Harmful Sexual Behaviour by Children and Young People

Chair of ID Subgroup

January 2020 — Scottish Government Riaghaltas na h-Alba gov.scot

SOLD Preventing and Reducing Offending

Appropriate Adult

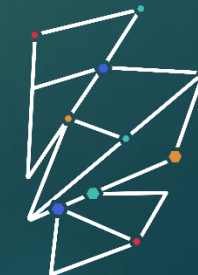**National Appropriate Adult Oversight Group**

High Secure Service for Scotland and N Ireland
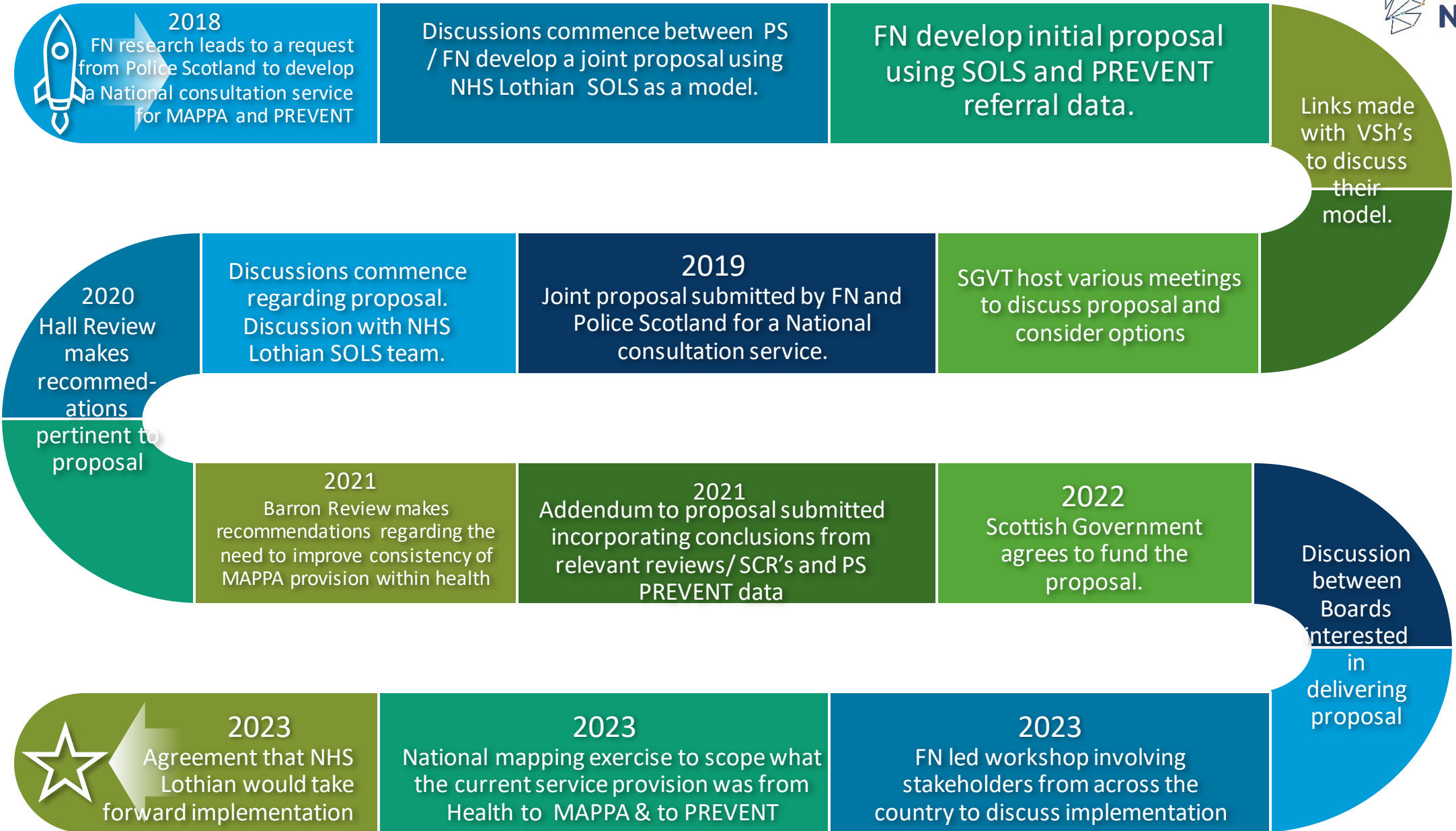
2023:

Two ward areas for 12 males with ID
- Reduced 'social density'
- Noise reduction
- Positive Behavioural Support
- Accessible information and CPAs
- Improvements to environment to meet sensory needs
- Plans for outdoor spaces

Clinical Forum: Intellectual Disabilities

Forensic Network

2018
FN research leads to a request from Police Scotland to develop a National consultation service for MAPPA and PREVENT

Discussions commence between PS / FN develop a joint proposal using NHS Lothian SOLS as a model.

FN develop initial proposal using SOLS and PREVENT referral data.

Links made with VSh's to discuss their model.

2020
Hall Review makes recommed-ations pertinent to proposal

Discussions commence regarding proposal. Discussion with NHS Lothian SOLS team.

2019
Joint proposal submitted by FN and Police Scotland for a National consultation service.

SGVT host various meetings to discuss proposal and consider options

2021
Barron Review makes recommendations regarding the need to improve consistency of MAPPA provision within health

2021
Addendum to proposal submitted incorporating conclusions from relevant reviews/ SCR's and PS PREVENT data

2022
Scottish Government agrees to fund the proposal.

Discussion between Boards interested in delivering proposal

2023
Agreement that NHS Lothian would take forward implementation

2023
National mapping exercise to scope what the current service provision was from Health to MAPPA & to PREVENT

2023
FN led workshop involving stakeholders from across the country to discuss implementation

New to Forensic Programme Delivery Developments
Use of technology to aid participation and learning – post Covid pandemic

SoFMH SCHOOL OF FORENSIC MENTAL HEALTH

NHS Ayrshire & Arran

Marc Wallace, Christine Breslin, Ann Marie Gordon, Zoë A Sharpe
Forensic Services, NHS Ayrshire & Arran

Introduction

The New to Forensic (N2F) teaching programme, developed by the School of Forensic Mental Health, provides support and learning opportunities for new staff working in forensic services in Scotland.

Aim

NHS Ayrshire and Arran Forensic Services are committed to providing the N2F programme to all staff and now utilise technology via Microsoft Teams technology to facilitate this as part of a planned suite of options for delivery of this programme.

Methodology

In 2020, delivery of the N2F programme was halted due to Covid-19 pandemic.

As the pandemic progressed, there was recognition that new staff required training due to an increase in the potential risk to service delivery through lack of investment in training.

Clinical Governance agreed a test of change, with Microsoft Teams agreed as the platform used to deliver the programme.

Microsoft Teams
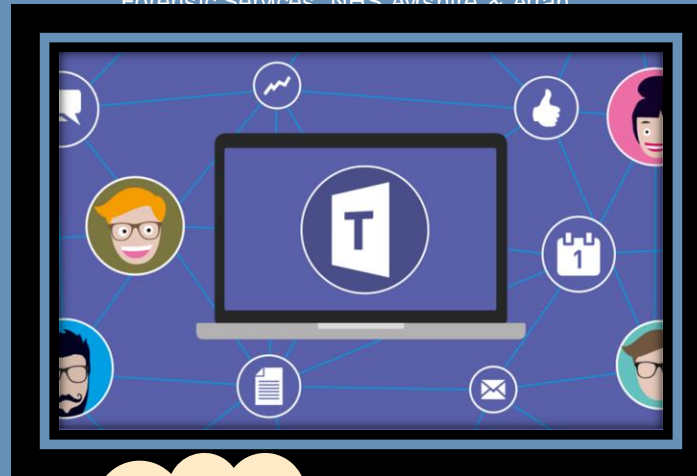
"Joining remotely made it easier to attend"
"Technical issues were distracting and caused disruptions
Feedback from Cohort 1 participant

"Able to watch/listen back if you miss a session to catch up and reflect"
Feedback from Cohort 2 participant

"No requirement to travel during working hours, can attend from home"
Feedback from Cohort 2 participant

"Recordings helpful to look back on"
"No face to face networking which would allow for free flowing conversation.
Feedback from Cohort 2 participant

Results

❖ Two cohorts of training have been delivered to 12 people per cohort using the new delivery method.

❖ Trainer numbers have been increased and learning has been applied from the evaluation of cohort 1 to cohort 2.

❖ 9 employees successful completed Cohort 1.

❖ 10 employees are on track to complete Cohort 2.

NHS Ayrshire and Arran Forensic Services recognise that people have different styles of learning and that face to face delivery of the N2F programme will still be required. However, this test of change can offer the N2F consistently to a wider cohort of people across the three Ayrshire partnerships. This supports those working in / with forensic services to share learning and expertise.

This is a 15 module course that demands time and commitment to engagement. Use of Microsoft Teams has supported a regular, timely resource for training delivery

Conclusion/Discussion

Cohort 2 have benefited from the recording facility, with participant permission, with the aim to review discussion and allow catch up. We will implement learning from cohorts to grow this training method across staff groups.

We will continue to seek feedback and evaluation on the use of Microsoft Teams and use this platform to deliver the N2F programme to meet the needs of the service and also the different learning styles of the participants.

Psychological Approaches to Personality Disorder in Forensic Settings
Position Paper requested by the Forensic Network

Forensic Network

Recognising the need to identify personality functioning - the important role of assessment in care planning and risk assessment

Identified Principles and Practices for working with clients with Personality Disorder

Reviewed the evidence base for Psychological Therapies in this area – Psychological treatment should be available where needs are identified

Clarified the importance of a psychological formulation that incorporates an understanding of personality functioning to underpin treatment planning

Identified the need for Reflective Practice for Teams – ensure teams are functioning well and supported

Recommendations on mandatory training for staff in forensic settings for working with personality dysfunction and disorder

Supported the development of a Structured Clinical Care model to providing informed care

Dr Katharine Russell on behalf of the Scottish Group of Forensic Clinical Psychologists (SGFCP)

THE JOURNEY TO REFLECTION IN THE FORENSIC NETWORK

A systemic approach

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Working in forensic settings involves being a part of complicated and intriguing clinical encounters.

Many patients we work with experience unsettling feelings such as fear, anger, shame, grievance, and abandonment. As with all people, our patients automatically communicate (unconsciously project) their feelings to others, through their words, tone of voice, actions, facial expressions and body language. Forensic patients have likely acted on their feelings in significantly harmful ways (e.g. aggression or violence).

Alongside our conscious observations of patients, the feelings and responses that are evoked in us through interacting with those in our care (countertransference) may provide vital information.

However, without reflection, we may inadvertently become drawn into unhelpful actions towards patients.

Using the countertransference requires training in interpersonal dynamics and ongoing spaces to stop and reflect.

This is where Reflective Practice Groups (RPGs) play a part. These groups, led by a facilitator, offer support and containment as well as space to name, process and reflect on our experiences of working with patients.

RPGs provide some protection against unhelpful staff enactments.[4] If well attended, RPGs can help piece together fragmented clinical situations and bring protection against team splitting.[4]

This poster outlines recent activities aimed at cultivating RPGs in the Forensic Network. The various strands – research, training and strategic – work together to support local change.

These activities build on Jon Patrick's earlier work in developing RPGs at The State Hospital and NHS Lothian. The Forensic Network has driven change through commissioning guidelines on Structured Clinical Care[4] and Reflective Practice.[5]
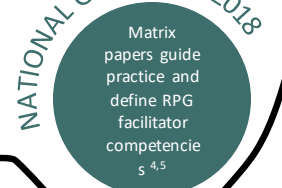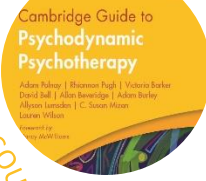
1. Developing a measure to assess clinicians' ability to reflect on key staff–patient dynamics in forensic settings. Polnay, A., Walker, H., & Gallacher, C., 2021. The Journal of Forensic Practice. 24, 1, 34-47.

2. What are the barriers to attending multidisciplinary reflective practice groups at The State Hospital? A service evaluation. Zouharova, V., Polnay, A., & Kennedy, L., 2022. Forensic Network Research Conference.

3. Cambridge Guide to Psychodynamic Psychotherapy. Polnay, A., Pugh, R., et al., 2023. Cambridge University Press.

4. Principles of Structured Clinical Care. Russell, K., et al., 2018. Forensic Network.

5. Matrix Reflective Practice Framework. Patrick, J., et al., 2018. Forensic Network.

Research

RELATIONAL ASPECTS OF CARE SCALE (TRACE) 2021 — Developed a bespoke quantitative measure to assess Reflective Practice[1]

QUALITATIVE SERVICE EVALUATION 2022 — Investigated barriers to attending RPGs[2]

MULTI-CENTRE STUDY 2020- — National study underway to evaluate RPGs using the TRACE questionnaire and qualitative

Training

RPG FACILITATOR TRAINING COURSE 2020 — Developed a 3-day course and trained 46 new RPG facilitators across 6 NHS health boards and the 3rd sector

Cambridge Guide to **Psychodynamic Psychotherapy** — Adam Polnay | Rhiannon Pugh | Victoria Barker | David Bell | Allan Beveridge | Adam Barley | Allyson Lumsden | C. Susan Mizen | Lauren Wilson. Foreword by Amy McWilliams

NEW PSYCHOTHERAPY TEXTBOOK 2023 — Provides accessible materials for RPG facilitators and participants[3]

Strategic

CQIF STANDARD 2023 — Standards for MDT Reflective Practice introduced

NATIONAL GUIDANCE 2018 — Matrix papers guide practice and define RPG facilitator competencies[4,5]

DELIVERING WORKSHOPS 2020- — Trained 115 staff over 13 workshops in relational aspects of care

QI PROJECTS 2019-20 — level pilot projects found out how to make RPGs work

REFLECTIVE PRACTICE POLICY 2020- — Essential role of RPGs recognised in hospital policy and provides organisational support

Local change within the State Hospital

Forensic Network established 2003
School of Forensic Mental Health 2007

- Foundation course (SCQF Level 7)
- 2007 New to Forensic Original Programme
- 2015 New to Forensic Essentials of Psychological Care
- 2015 New to Forensic Medicine
- 2017 New to Forensic Northern Ireland
- Over 2000 Scottish participants, 177 trainers and mentors

Academic Courses

Three academic courses developed in tandem with Further and Higher Education Institutes, each pitched at a different Scottish Credit and Qualification Framework (SCQF) level. Introduced in:

2012 – Short Course in Forensic Mental Health Course, New College Lanarkshire (SCQF Level 8) over 70 completed

2013 – MSc Forensic Mental Health at GCU (SCQF Level 11) 10 completed

2014 – Graduate Certificate in Personality Disorder (SCQF Level 9) 123 completed

2017– Transfer MSc Forensic Mental Health to UWS (SCQF Level 11) 54 completed full MSc, Diploma or Certificate.

2023 UWS have 4 forensic mental health students at doc level

Professional Short Course programme

Professional Short Course programme of 1-5 days duration for Continuous Professional Development on a range of themes e.g. Risk Assessments, Clinical, Legal aspects, Research methods

An average of **206** participants per year engage in SoFMH short courses, around 1030 between 2017-2021.

Clinical Fora maintains highest attendance rate with focus on Sex Offending (in tandem with NOTA), Risk, Women, Intellectual Disability, Personality Disorder, Psychological Interventions, Prison, Addictions.

Research

Forensic Research Special Interest group running since 2012.

Established a database of research projects across forensic mental health services.

Promotes dissemination of research findings at national and international conferences (IAFMHS) and via publication in peer reviewed journals.

Forensic Network annual research conference since 2014 with approximately 50 participants per annum.

Focus on generating new evidence to support and improve practice.