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Faculty of Forensic Psychiatry Newsletter
Autumn 2019

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Forensic Faculty Newsletter

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Welcome

News from the Faculty Chair

by

Prof. Pamela Taylor

Chair of the Forensic Psychiatry Faculty

Summer has been a wonderful time of learning as well as relaxation. In August Tom Clark and I joined the teaching team for the annual Ghent Group residential seminar. About 30-40 of us from several European countries lived in an old Bavarian monastery for a week to compare approaches to *Sex in Forensic Psychiatry* in all its aspects. Within a European legal and rights framework, we considered not only treatment and containment of sex offenders, but also professional boundaries in this intense field and, further, how we might help patients, generally not sex offenders, to rediscover healthy, romantic and sexual relationships as part of their (re)habilitation. Luckily, Jonathan Hurlow was also attending. He led for the College's report on sexual boundaries in clinical practice (CR205) and so was able to generate particular interest in this aspect of the College's work (if you have not already seen this do have a look[1]). The meeting also included multi-part case presentations which neatly revealed similarities and differences between us in pathways through the system. Next year, in the first full week in August 2020, we will take on death. Most of us work with patients who have killed. Many will also have had a patient die by suicide and, with an aging population even in forensic psychiatry, we are increasingly having to think about end of life planning. Are we as good as we could be in managing the difficult dynamics in each of these situations – and more? To date, your Faculty has supported this meeting by offering one bursary annually to cover the actual seminar cost. That is not the only way of getting a place, though!

This month some of us have begun to learn about forensic psychiatry in Italy. I couldn't work out from papers a clear understanding of the full-on abolitionism, nor how it is possible to deliver good clinical services to anyone without inpatient beds, and particularly for offender-patients. In a powerful juxtaposition of visits, we were shown round the site of Siena's old mental hospital before being taken to a Contrada museum. The Contrada is the extended family of community. The passionate commitment of service to and support from one's birth community was neatly contrasted with the old mental hospital, long since closed, which had been a self-sufficient village in the centre of Siena. Perfect for community transition you might think, but it had been sealed off from the wider community. As if to underscore the desired separation of people

with mental disorder, numerous spare beds were allocated to other 'undesirables' – unmarried mothers and people with disfiguring skin diseases. Further, these hospitals had been huge – for example the downtown hospital of Genoa, one of two for the city, had had 5,000 beds. It is not difficult to understand why such passion was generated to get rid of such institutions – they seem to have gone beyond the limitations of even the tired old institutions which we and so many countries had been left with in the 1960s and 1970s. The Italian solution is legislation that limits psychiatric units for inpatient treatment to no more than 15 beds in general hospitals. Places for offender patients are provided in secure community units, also strictly limited in size, which are run by health service staff on a day to day basis, but do not count as hospitals. Insofar as any resident requires compulsory medication, then he or she would have to be transferred to one of the general hospital units, under guard. We visited a medium security and a low security unit. The former, while appearing to have much in common with our interim secure units of some years ago, was in a beautiful town, but one so remote that it is almost impossible to get permanent medical staff. There are no data yet on the impact of the changes, although it will come. Andrew Forrester and our conference team hope to have our 2021 Faculty conference in Northern Italy so we can learn more – mutually. By then we hope there will be data on the impact of this substantial change in service delivery.

Getting outside our system to learn more has, of course, been only one set of activities for your executive since the last newsletter.

- Tom Clark continues to lead work on curriculum reform, and this September was a critical month for submitting the outline proposal. Once this has been agreed, detailed work can start.
- We submitted evidence to the Sentencing Council on the sentencing of people with mental disorder.
- There was a glimmer of hope for people in prison as some of the hard fought for restoration of prison staffing appeared to be beginning to have some impact, but the current national political situation has resulted in changes from what appeared to be a committed ministerial team to mainly new people. We will work as hard as we can with the new team, and have sessions booked to keep promoting our messages.
- Better news is that the test bed sites for community alternatives for lower level offenders with mental disorder do seem to be working well. Their impact on health and reoffending must be evaluated, but at least numbers of people being given such orders are increasing. We were also delighted that in our session at the College's International Congress, a joint presentation with the Old Age

Faculty (Amanda Thompsell), the testbed site lead (Mignon French, *Ministry of Justice, Department of Health & Social Care, NHS England [E], Public Health E*) and an expert through experience, we were able to highlight recognition of disorder and need complexity by noting the substantial uptake of both mental health and substance use requirements.

- Amy Hegarty and Saba Mattar have been organising the annual conference for higher trainees in forensic psychiatry, which will take place in Durham on 28th-29th November 2019. All trainees with an interest in forensic psychiatry, including medical students, are welcome; from my previous experiences of this meeting, consultants would also find material of interest, but you'd have to check with Amy and Saba if you were interested in a place.

Finally, a note to prepare you for transition. My term in the chair for the Forensic Psychiatry Faculty will finish in July next year – the College's time for handover of officers. You will be aware of this as eligible Faculty members were circulated with a notice of election. I can now confirm that Josanne Holloway is duly elected unopposed into the Chair and Jeremy Kenney-Herbert will succeed Amanda Taylor in the Vice-Chair's role. If you are eligible to vote you will also soon receive a ballot to elect five new executive committee members and I would encourage everyone who can to vote. I am happy that this means that the Faculty will go from strength to strength and will do all I can to help with the transition. College employees as a group are also always hugely supportive and, for us, Stella Galea in particular gives outstanding administrative support.

Pamela Taylor

1. CR205 Sexual boundaries in Clinical Practice

Legal Update

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

and Dr Amy Hamilton, CT3 Trainee

We've taken a different approach for this edition of the newsletter and taken some cases from the archive, on the theme of personality disorder. As always, the cases are for your interest and not legal advice. These summaries would have many lawyers throwing their hefty, leather-bound books to the ground, in disgust at the over-simplification of complex issues, but we hope you find something useful.

R v Martin [2001] EWCA Crim 2245

Read it if you're interested in mental disorder defences and personality disorder.

What was the issue?

This high-profile case concerned a man convicted of murder and wounding with intent after shooting two people attempting to burgle his home. He was subsequently diagnosed with paranoid personality disorder although this was not raised at his trial. He argued that his disorder affected how he assessed the risk perceived by him and his subsequent response and appealed his conviction. Both self-defence and diminished responsibility (to the murder charge) were considered.

What was the upshot?

The Court of Appeal rejected the suggestion that a psychiatric condition should be taken into account when deciding whether excessive force had been used (in relation to self-defence). The appeal on self-defence failed. The court substituted the murder conviction with a conviction for manslaughter by reason of diminished responsibility.

Nottinghamshire Healthcare NHS Trust v RC [2014] EWHC

Read it if you want to learn more about the interplay between faith, ethics and section 63 of the Mental Health Act as it applies to treating the consequences of self-harm.

What was the issue?

This case concerned a man with antisocial and borderline personality disorders. He was detained under section 47/49 after convictions for serious offences. He was a Jehovah's witness. He self-harmed by cutting his brachial artery. He made an advanced decision that no transfusions of blood should be administered to him in any circumstances, even if his life was at risk. He was assessed by all involved as having capacity to refuse transfusions.

The case hinged on whether a transfusion could be given under section 63 of the MHA as a treatment for mental disorder and therefore making capacity (legally) irrelevant. The responsible clinician was reluctant to override his objection and asked the court to rule on that issue.

What was the upshot?

Imposing a blood transfusion would be lawful but an abuse of power in this situation. The psychiatrist's decision to withhold a blood transfusion despite being able to authorise it under section 63 was therefore lawful.

DL-H v Partnerships in Care and the Secretary of State for Justice [2013] UKUT 500 (AAC)

Read it if you have to provide opinions on patients with personality disorder who refuse to engage in treatment and have applied for discharge by the tribunal.

What was the issue?

The issue in this case was whether a patient with a diagnosis of personality disorder and a history of serious offending, who was refusing to engage in therapy, was receiving appropriate treatment and whether they could therefore be lawfully detained under the MHA.

What was the upshot?

The refusal to engage in treatment is relevant to determining whether the treatment is appropriate or not, but it is only "one of the circumstances of the case that the tribunal must take into account".

Other relevant questions which may be asked are:

- What precisely is the treatment that can be provided?
- What discernible benefit may it have on this patient?
    - The purpose must be to confer some benefit on the patient.
- Is that benefit related to the patient's mental disorder or to some unrelated problem?
- Is the patient truly resistant to engagement?
    - He may yet be brought to engage.

The list is not exhaustive.

Medical Student Contribution to the Forensic Faculty Conference 2019

by

Aideen O'Halloran
Consultant Forensic Psychiatrist
Medical Student Essay and Symposium Convenor

We hosted a very successful medical student essay symposium at this year's forensic faculty conference in Vienna. This was a development from the medical student essay competition, an annual event which provides an opportunity for medical students or recently qualified doctors to enter an essay on a topic of their choice within forensic psychiatry or related neurosciences and bioethics.

The essay competition, which has been running for many years and has always attracted high-achieving medical students, is an exemplar of College activity to improve recruitment into psychiatry. The winning students are awarded a bursary to attend the Faculty of Forensic Psychiatry Annual Conference. This opportunity allows them to dip their toes into the world of forensic psychiatry and network with other medical students and doctors. Each year the high standard of essays reflects the calibre of medical students training in the UK. This year was no exception.

The essay competition is judged by a team of my colleagues from the forensic executive and includes consultant psychiatrists and trainees who commit their own time to this laudable task.

This year was our second successful medical student essay symposium. The purpose of the symposium is to showcase the student essays and to provide a forum for the students to share their perspective on these well-researched topics. We were joined by five students, including this year's winners, and all in attendance received a bursary.

The winning essay was submitted by Andrew Taylor from the University of Sheffield Medical School. His essay, 'Into the Unknown: A discussion of Transforming Care', hit a note with the audience, many of whom have grappled with the fallout from the Transforming Care Agenda. There was a lively debate on the challenges clinicians and medical managers face in providing safe care for some of the most vulnerable patients in society. One attendee said that having listened to Andrew's talk he finally fully understood the context of the reforms.

In second place was Lucia Almazan Sanchez from GKT School of Medicine, Kings College with her essay 'ADHD and Crime" Lucia spoke eloquently about ADHD, the oft-neglected and much misunderstood condition, Lucia reminded us that ADHD is estimated to have a prevalence of 25.5% in prison services, a tenfold higher rate of lifetime ADHD than the general adult population. Lucia advocated widespread screening, biopsychosocial treatments and addressing prisoners' educational and occupational needs to reduce the criminogenic factors.

In third place was Esme Beer from the University of Glasgow Medical School with her essay 'Does psychopathy really belong in forensic psychiatry?' Esme made the case that research is the tool necessary to allow us to overturn the pessimistic views that psychopathy is untreatable and provide us with measures that could reform psychopaths from the 'unscrupulous killers' they are perceived to be and better manage their risk to others beyond simply locking them away.

Runner up Lavin Assad from the University of Exeter Medical School presented an overview of her essay 'Biological Explanations of Aggression and the Medicolegal implications'. Lavin's talk was very much in tune with the neurosciences developments in the new curriculum. Lavin highlighted the importance of understanding the biological contributions to aggressive behaviours to enable us to better manage violence and its associated consequences.

Second runner up William Perchard from the University of Leicester Medical School wrote an essay on a topic which divides our society, 'Diseased or Demonic: How can we Understand Paedophilia?' William used the concept of Paedophilia to challenge the audience to consider how we define illness, and what that means for criminal responsibility. He asked the question of how personal responsibility can be reconciled with an increasingly deterministic understanding of human behaviour.

It was both a pleasure and a privilege to chair this session, which had an excellent attendance by forensic colleagues from many jurisdictions. The audience engagement was high with stimulating and challenging discussions and the medical students handled the questions with aplomb.

The medical students all gave positive feedback of the conference and some of the comments include:
"It was a very inspiring experience and certainly one that will shape my future career".
"It has been a wonderful experience and I will be encouraging everyone I meet to enter"
"it was an incredible opportunity".

You can read all the essays of the prize and bursary prize winners on the College website: Forensic Faculty Prizes and Bursaries

A final plea if I may, please can you encourage all medical student with who you come into contact to enter our annual competition and please also advertise it within your local medical school.

Thriving in a pressure pot: Wellbeing for Forensic Psychiatrists

by

Dr Oliver White
Consultant Child & Adolescent Forensic Psychiatrist

Workplace stress and burnout are increasingly recognised within the medical profession, including those who work in forensic psychiatry. Recent research[1] has identified five areas that take the greatest toll on doctors:

1) **Systemic factors:** Issues which resulted from poor processes and systems including understaffing and rota gaps, lack of flexibility / poor work-life balance, demand in primary care, pressures to discharge in secondary care, and increased regulatory fears.
2) **Endemic factors:** Issues which were a necessary reality of a job in medicine, including learning to cope effectively with clinical risk, the rapidly evolving pharmacological landscape and also dealing with traumatic events and unexpected outcomes.
3) **Interpersonal factors:** Issues that resulted from doctors' relationships with peers including issues related to hierarchy and bullying, the stigma around mental health, erosion of peer support networks and a perceived natural tendency of doctors to be type-A personalities (i.e. perfectionism, fear of weakness or being seen to fail).
4) **Environmental factors:** Practical issues, often linked to the workplace environment including a lack of basic workplace amenities, a lack of breaks, and the impact of training rotations on junior doctors.
5) **Sociocultural factors:** Wider contextual factors outside of the profession including the rise of patient self-diagnosis and increasing patient expectations along with doctors feeling increasingly undervalued by the public.

Poor wellbeing and burnout and in healthcare professionals can result in a lack of efficacy due to

thoughts about lack of purpose and not making a difference and is associated with poorer patient safety outcomes including increased risk of adverse events and near misses. Doctors who are experiencing burnout may distance themselves from clinical care and contact with patients via increased cynicism, sarcasm, and compassion fatigue.

Burnout can also result in mental illness. Doctors, particularly psychiatrists, are identified as having higher rates of depression, anxiety and substance misuse. 13% of doctors have experienced suicidal thoughts[2]. It is clear that toxic job environments, the emotional cost of the role, and having to manage conflicting demands are all placing doctors under unprecedented stress.

It is important for psychiatrists to develop techniques in reducing stress in the context of their stressful work environment; burnout often leads to neglecting positive wellbeing activities. Effective strategies will be specific to individual psychiatrists; e.g. relaxation and mindfulness, which have established benefits of in managing workplace stress and reducing burnout.

The economic and emotional case for focussing on staff wellbeing is also compelling; the cost of poor mental health in NHS equates to £2,000 per employee per year.

Despite this, doctors are notoriously bad at seeking help for their mental health. In addition to the general stigma of mental health difficulties, specific factors within the psychiatric profession include denial via a sense of immunity, pressure to remain at work, concern regarding potential referral to the GMC, and concern regarding confidentiality.

The Royal College of Psychiatrists is the first medical Royal College to provide peer support with the aim of improving wellbeing amongst colleagues. Launched in 2007, the Psychiatrists' Support Service (PSS) provides a telephone helpline for members and associates of all grades with an anonymous and non-judgemental space to air their concerns, catering for the wide range of issues they might face at home and at work. The PSS recognises that psychiatrists may need a safe space away from work to talk through issues they're facing; it strives to reassure callers that they are not alone.

Psychiatrists contact the PSS via the dedicated phoneline or email address (see below). After listening to the situation, the PSS Manager provides some initial advice and may, with the caller's consent, make a brief record of the conversation on a secure server. Information is then anonymously shared with one of

the PSS's doctor advisors and arrangements are made for them to call the member back at a convenient time, on an evening or weekend, if needed. Having their identity protected is a major concern for those getting in touch; to ensure this is achieved, the PSS Manager considers whether each psychiatrist should be called by an advisor who has a different specialty and/or based in a different region. Most importantly, the advisor is never told the member's name.

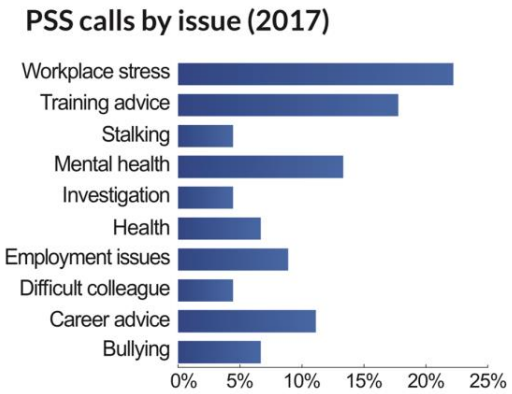
The Psychiatrists' Support Service dealt with almost 1,000 enquiries within the first 10 years of operation. Issues include workplace stress, stalking, coping with investigations, and difficult working relationships [see diagram].

The intention is not for the PSS to replace any other service supporting doctors. Nor is it a counselling or treatment helpline; any caller in need of such specialist care is signposted to the appropriate body, such as the BMA Counselling Service, DocHealth or the Practitioner Health Programme. The focus is on peer support to help an individual feel more safe and secure. The doctor advisors use a coaching approach and what's satisfying for the caller is they end up with a realistic plan for their next steps.

The PSS has received significant positive feedback to date; findings from an RCPsych survey of callers over the last two years show that 91% of respondents felt understood and 100% would recommend the service to a colleague. Ultimately, the value of the service is reflected in the fact that members feel they are being listened to by a fellow professional who is not there to judge them. As one caller to the helpline wrote: "He (the doctor advisor) made me feel validated."

Contact the PSS in confidence: 020 7245 0412
pss@rcpsych.ac.uk

Further information about the Psychiatrists' Support Service, including links to other support organisations, can be obtained from the website:
Psychiatrist Support Service



[1] https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/education%20and%20training/bma-mental-health-and-wellbeing-medical-profession-sum-oct-19.pdf?la=en

[2] https://www.medicalprotection.org/uk/articles/85-of-doctors-have-experienced-mental-health-issues-reveals-medical-protection-survey

Contributions welcome

Thank you to the contributors of this edition.

We would welcome contributions for the next e-newsletter by Monday 6th January 2020.

The newsletter is a means to keep you informed and updated on relevant topics and the Faculty of Forensic psychiatry's work.

If you would like to share your experiences in your area or write in the newsletter, please contact the iForensic Newsletter team:

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