Trent Study Day: Working with prison mental health services

Friday 18th November 2022, 9.00 – 15.50 (approx.)

Venue: DoubleTree Hilton, Nuthall Road, Nottingham NG8 6AZ

the institute of mental health Nottingham

Programme

9.00	**Registration & refreshments (atrium/foyer)**
9.30	**Welcome** **Dr Simon Gibbon,** Consultant Forensic Psychiatrist, Arnold Lodge, Nottinghamshire Healthcare NHS Foundation Trust and Trent Study Day Organiser
9.35	**Opening Comments** **Dr Sue Elcock**, Executive Medical Director and Director of Forensic Services, Nottinghamshire Healthcare NHS Foundation Trust
Morning sessions - a series of talks chaired by Dr Adarsh Kaul, Consultant Forensic Psychiatrist and Clinical Director, Offender Mental Health, Nottinghamshire Healthcare NHS Foundation Trust	
9.40	**What does "good" look like?** **Dr Adarsh Kaul,** Consultant Forensic Psychiatrist and Clinical Director, Offender Mental Health,
9.50	**Equivalent mental health service & Wellbeing Centres** **RMN Antonia Hil,** Trainee Psychotherapist**,** Clinical Lead Mental Health, Offender Health
10.05	**Psychological therapies** **Catherine Gerighty-Gully,** Senior Forensic Psychologist, HMP Lincoln
10.20	**Neurodiversity** **Allison Woodhead,** Clinical Lead for Neurodiversity, Offender Health
10.35	**Developing a trauma-sensitive, compassion focused substance misuse intervention for prisoners** **Dr Elaine Fehrman,** Senior Forensic Psychologist/Clinical Lead for Substance Misuse, Offender Health
10.50	**Critical Time Intervention** **Sarah Jayne-Holmes**, Offender Health
11.05	**Questions and discussion**
11:15	**Refreshments (atrium/foyer)**
11:35	**Veterans' healthcare** **Dr Jane Jones,** Clinical and Project Lead for Veterans, Offender Health
11.55	**Offender Personality Disorder Pathway & IIRMS** **Dr Felicity Nichols,** Senior Clinical Psychologist and Clinical Lead, Offender Health OPD Pathway
12.15	**Questions and discussion**
12.30	**Lunch and poster viewing (atrium/foyer)**
Afternoon sessions – Chaired by Dr John Tully, Clinical Associate Professor in Forensic Psychiatry, University of Nottingham	
13.30	**A summary of care and treatment through lived experience** **Andrew,** Senior Peer Support Worker, Nottinghamshire Healthcare NHS Foundation Trust
13.45	**Mental health services in corrections: the Canadian experience** **Professor Najat Khalifa,** Professor of Psychiatry, Queen's University, Kingston Ontario, Canada
14.25	**Clinical prediction tools in psychiatry: validity and clinical feasibility** **Dr Daniel Whiting**, Clinical Associate Professor in Forensic Psychiatry, University of Nottingham
15.05	**Managing returns to prison from secure psychiatric services: findings from two national studies** **Dr Sarah Leonard**, Research Fellow/Lecturer, Health & Justice Research Network, University of Manchester
15.45	**Poster prize award & closing comments** **Dr Simon Gibbon,** Consultant Forensic Psychiatrist, Arnold Lodge, Nottinghamshire Healthcare NHS Foundation Trust and Trent Study Day Organiser
15.50	**Close**

Introduction

The Trent Study Day is an annual conference hosted by the Forensic Services Division of Nottinghamshire Healthcare NHS Foundation Trust and the Institute of Mental Health (a partnership between the Trust and the University of Nottingham).

The theme for this year's conference is ***Working with prison mental health services*** and a number of prominent experts, researchers and practitioners will be presenting on different aspects of the topic. We will also exhibiting research posters on a number of topics related to mental health and/or forensic issues.

Our thanks go to the conference organisers: Karen Sugars (Event Co-coordinator, Institute of Mental Health), Lou Rudkin (Head of Communications, Institute of Mental Health) Jo Higman (Comms Assistant) and Dr Simon Gibbon (lead organiser).

Exhibition stands

The Institute of Mental Health is an innovative research partnership between the University of Nottingham and Nottinghamshire Healthcare NHS Foundation Trust.

We seek to help transform the understanding and treatment of mental health by bridging the gap between campus and clinic. Since our formation in 2006, we have established a track record of success, with achievements in our education provision and delivering innovative inter-disciplinary research that has a positive impact within the health, social care and criminal justice sectors.

www.institutemh.org.uk

Forensic Research Nottingham (FRN)
Forensic Research Nottingham is a new research group based at the Institute of Mental Health with links to Nottinghamshire Healthcare NHS Foundation Trust and the University of Nottingham.
The group's members include researchers in neuroscience, clinicians working in forensic settings and academics in multiple related fields including criminology, health and justice, and human rights. The group meet monthly (currently via MS Teams), with regular updates and email bulletins shared amongst members – there is no requirement to attend all meetings.
If you are interested in joining the group please email Dr John Tully for more information. All Nottinghamshire Healthcare NHS Foundation Trust and University of Nottingham employees are welcome to join the group.

Library and Knowledge Services provide quick and easy access to the most up-to-date, comprehensive resources and services to Trust and Institute of Mental Health staff and researchers. We can support you to identify evidence-based practice that can be implemented across all services ensuring the best patient safety and quality of care, health improvements, high-quality decision making, innovative research practices, and ongoing staff development.

Our evidence search service helps find evidence-based information on a range of topic areas to support patient care, research, current guidelines, care pathways, and services. We can support everything from literature reviews to systematic reviews to providing summaries of evidence. We've had success with our support and have gone on to support publications, either being named as an author or the service has been acknowledged for the contribution to the work.

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Publish your work in the East Midlands Evidence Repository, a showcase of the research and innovation happening in the Trust.

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Chairs

Dr Simon Gibbon is a Consultant Forensic Psychiatrist at Arnold Lodge, Leicester. He is also an Honorary (Clinical) Associate Professor at the University of Nottingham and has interests in research and teaching. He is the lead organiser for the Trent Study Day and would be grateful for your comments and suggestions on the day and how it can be improved in the future.

Dr Sue Elcock re-joined the Trust in May 2020 as Director of Forensic Services. In March 2021, she also took on the role of Executive Medical Director.

Prior to re-joining the Trust, Sue held executive medical director posts in Leicestershire and Lincolnshire.

Sue undertook her forensic psychiatry training in the Trust and alongside her work as a consultant in our women's service at Rampton Hospital was also Head of School in our medical education team and brought revalidation into the organisation.

Dr Adarsh Kaul has worked as a Consultant Forensic Psychiatrist from 1994 onwards at medium and low secure psychiatric hospitals and in community forensic services in East Midlands.

He has worked in prisons in East Midlands and South Yorkshire for 34 years. Since 2010 he has been the Clinical Director of the Offender Health Directorate in Nottinghamshire Healthcare NHS Foundation Trust, which currently provides integrated healthcare (physical health, mental health, substance misuse and pharmacy services) in eight prisons in Nottinghamshire, Leicestershire and Lincolnshire. The Directorate provides Offender Personality Disorder services in Nottinghamshire and Lincolnshire as well as HMPs Whatton and North Sea Camp.

HMP Whatton was also the first site, established a decade ago, nationally to provide Medication to Manage Sexual Arousal (MMSA) to high-risk sex offenders resistant to psychological treatments alone. Based on this work NIHR funding for a Randomised Controlled Trial of use of SSRIs as MMSA has been recently achieved.

He is a Fellow of the Royal College of Psychiatrists and has a MA in Criminology. He has worked for 7 years for the National Parole Board and is currently a medical member of the Her Majesty's Courts & Tribunals Service. He is also a member of the National Health and Justice Clinical Reference Groups and in this role chaired the group that wrote the NHSE service specification for mental health in all prisons in England & Wales.

Dr John Tully is Clinical Associate Professor in Forensic Psychiatry at University of Nottingham and Consultant Forensic Psychiatrist at Nottinghamshire Healthcare NHS Foundation Trust. He completed his forensic and research training at South London and Maudsley Trust, and his PhD in the

neuroscience of antisocial personality disorder and psychopathy at IoPPN/Kings College London. He leads on neuroscience and clinical research and co-chairs the Forensic Research Nottingham research group at the Institute of Mental Health

Morning session speakers' biographies

Chaired by:
Dr Adarsh Kaul, Consultant Forensic Psychiatrist and Clinical Director, Offender Mental Health, Nottinghamshire Healthcare NHS Foundation Trust

Equivalent mental health service & Wellbeing Centres

RMN Antonia Hil is a trainee psychotherapist and has worked in the mental health for nearly 20 years in a variety of settings including adult mental health, low secure settings, CAMHS, inpatient and outpatients' services and SEDU's. She has 6 years' experience of working in offender health in remand, long stay and resettlement prisons. In her current role she is responsible for the development and implementation of clinical pathways and standards. She has a specialist interest in working with Personality Disorder Trauma and Self Harm.

Abstract: Antonia will be talking about promoting wellbeing and the development of wellbeing centres in prisons and how these have positively impacted on patients. She will share some case studies and feedback from patients.

Psychological therapies

Catherine Gerighty-Gully is a Senior Forensic Psychologist currently working in Offender Health at HMP Ranby and Lincoln. She previously worked in a high secure hospital for approximately 15 years and has experience of working with offenders with and without mental health difficulties. Catherine has worked for HM Prison Service, the NHS as well as the private sector, working across all levels of security. She has experience of working with individuals across genders with complex presentations including, Mental health, personality issues, and neurodevelopment conditions. Catherine now works mainly with adult male offenders who have a history of trauma and abuse and am part of the team developing the strategy to integrate mental health, substance misuse and neurodevelopment within Nottinghamshire Offender Health Directorate to provide a more standardised and seamless service across prisons. Catherine is an Assessor with the DFP for the Qualification in Forensic Psychology and has been doing this role for over 20 years. She is also a placement supervisor for the Nottingham Trent Doctorate course as the supervision and professional development particularly for those starting their careers is extremely important to her.

Abstract: This presentation will provide an overview of the current provision and structure of Psychological Therapies Service and the interventions offered across Offender Health. It will discuss the aspiration of being able to provide more seamless transitions between prisons for men already in therapy and the future direction of the Integrated Service.

Neurodiversity

Allison Woodhead has worked for 28 years with young people and adults who present with neurodiverse and complex mental health needs. Her career includes many years working in community learning disability teams across Derbyshire, then 15 years working for the specialist autism and learning disabilities intensive support outreach team. This was followed by an exciting opportunity to lead a project identifying neurodiversity support needs within Derbyshire substance misuse services, working closely with all aspects of the criminal justice system. She worked for 3 years in Derbyshire as the clinical specialist advising the CCG on the transforming care agenda before coming over to Nottingham to begin her role as clinical lead for neurodiversity, Notts Healthcare, Offender Health in Sept 2020.

She has focused on developing and delivering the Neurodiversity Pathway in 8 prisons, employing and training a team of enthusiastic neurodiversity practitioners, one per prison, who are committed to delivering a high standard, equitable health care offer in each of the prison sites. They provide screening, assessment, treatment and support for prisoners with autism, ADHD and Intellectual Disabilities.

Abstract:
Ally will be speaking about the development of the neurodiversity pathway, working systemically to create a supportive, adjusted prison environment and the many improvements that have already been seen through high quality joined up thinking and working, between prisons and community providers/services. She will describe the latest developments and hopes for the future.

Developing a trauma-sensitive, compassion focused substance misuse treatment intervention for prisoners

Dr Elaine Fehrman, BSc (Hons), BA DipSW, MSc, DForenPsy, CPsychol, AFBPsS is a Senior Forensic Psychologist and the Clinical Lead for Substance Misuse in Nottinghamshire Healthcare NHS Foundation Trust's Offender Health Directorate. She has several years clinical experience working with persons who have offended with mental health and substance misuse problems in low, medium, and high secure hospitals, along with the community and prison. She has a keen interest in improving the recovery and treatment outcomes for patients and ensuring service user involvement throughout. Elaine's research interests include the relationship between trauma and trauma-related psychological sequelae, and substance misuse in forensic populations.

Abstract: Dr Fehrman's talk will present a newly developed psychological substance misuse treatment intervention, which will provide the basis for a standardised treatment intervention across Offender Health and is about to be launched at a high-secure site. The new treatment programme has been devised from an extensive review of the literature relating to the prevalence and repercussions of trauma amongst people who use forensic services and use substances. The clinical utility and applicability of integrating Compassion Focused Therapy within the context of delivering this new intervention will also be discussed.

Veterans' healthcare

Dr Jane Jones RMN, Doctor of Health & Social Care Practice. Jane is the Clinical Lead overseeing a unique partnership of services between Nottinghamshire Offender Health and two veterans' charities Care after Combat and Project Nova. The partnership known as ReGroup meets the needs of military veterans and their families involved in the Criminal Justice System via a systematic single pathway of care delivered under three domains: Care not Custody, Care in Custody, Care after Custody. Jane has an in-depth understanding of mental health and wellbeing in particular psychological trauma taken from a career working across specialized mental health and forensic settings. 1989 – 2000 Jane worked alongside the Armed Forces Mental Health Services in the UK and overseas providing healthcare for serving military personnel and their families. 2000 - 2017 Jane co-developed and delivered psychological programs for the National High Secure Healthcare Service for Women and Male High Secure Personality Disordered Services Rampton Hospital. This work was adopted across medium and low secure services across the UK and abroad. 2017 – Veteran Care through Custody specializing in the needs of military veterans in the Criminal Justice System. This work has directly informed NHSE National Strategy for veterans in the Criminal Justice System.

Abstract: Military veterans are the highest occupational group in UK prisons. ReGroup is a specialist service specifically developed to meet the needs of veterans in prison. A co-developed service it is delivered by veterans for veterans. ReGroup is unique to Nottinghamshire Offender Healthcare it ensures equality of care in keeping with community services while upholding the values of the Armed Forced Covenant. ReGroup has directly informed the NHSE National Strategy for Veterans in Custody. This presentation is an overview of the ReGroup service, challenges faced and overall outcomes

Offender Personality Disorder Pathway & IIRMS

Dr Felicity Nichols is a Senior Clinical Psychologist and an accredited Schema Therapist Supervisor/ Trainer delivering Offender Personality Disorder (OPD) Pathway services within Nottinghamshire Healthcare NHS Foundation Trust. Felicity is an Associate Fellow of the British Psychological Society, a member of the Division of Clinical Psychology and sits on the Faculty of Forensic Clinical Psychology committee. She has worked as part of the OPD pathway for 10 years across a number of settings in addition to having worked in medium, low and open security hospital settings. She currently jointly leads a therapy service for men with sexual convictions, clinically leads a Pathways Enhanced Resettlement Service (PERS) and clinically oversees 2 community and 1 prison based consultation services working in partnership HMPPS, in addition to the 2 Intensive Intervention and Risk management (IIRMS) services.

Abstract: The Offender Personality Disorder (OPD) pathway is a jointly commissioned initiative between HMPPS and NHS England. The OPD Pathway aims to provide psychologically informed, formulation driven services for individuals likely to have significant personality difficulties which are functionally linked to their offending and result in them being assessed as positing a high risk of harm to others or a high risk of reoffending in a harmful way. This presentation will give a brief overview of the OPD pathway, specifically focusing on the services provided by Nottinghamshire Healthcare in partnership with HMPPS within prison settings, offering an overview of IIRMS services jointly provided with Probation colleagues. The challenges, benefits and clinical utility of this approach will be discussed.

Afternoon session speakers' biographies and abstracts

Chaired by
Dr John Tully, Clinical Associate Professor in Forensic Psychiatry,
University of Nottingham

A summary of care and treatment through lived experience

Andrew, Senior Peer Support Worker: from an early age Andrew found life quite difficult, struggling to regulate his emotions and by mid-teens his mental health was put under a lot of pressure at school and as a result easily suffered regular burnout. Due to the problems Andrew faced he constantly sought approval from family and friends as he felt inadequate compared to his friends and other family members, both as a person and in his achievements. As the years went by various medication regimes were tried as well as CBT and other interventions including Community Mental Health Crisis teams but as soon as he improved, he would regress. Andrew finally received a diagnosis of rapid cycling Bipolar. With very low self-esteem by this point, but having found a real love for live music as being one of the few therapeutic things that helped him stay level, he decided, having worked in bars and nightclubs for most of the time while he was at university, Andrew decided to open his own venue. Over 6 years he opened several venues and ran them with a team of staff enjoying some real highs but also some real lows.

Andrew always wanted a family of his own and to balance family life, so he moved into what he thought would be a steadier career in the corporate world. Over the years his mood would regularly be erratic in and out of work which would often lead to questions from both fellow employees and line managers. For the most part Andrew failed to engage with Mental Health Services or Support Offered as he kept telling himself he was okay. By 2017 Andrew was really struggling again and had now included getting himself into complications legally and he knew he needed help. Andrew was admitted to hospital again and spent the next year in treatment whilst the consultants tried to support him. They adjusted medication and he actively engaged for the first time in 15 years with the service. Within six months he had been given the additional diagnosis of Borderline Personality Disorder which did a lot of explaining as to why he is how he is. Over the following 24 months he received some of the very best care and compassion he had ever experienced, all mostly thanks to services within the NHS and to some extent the MOJ.

Since coming through that very difficult time of his life and having received his dual diagnosis where he had received such compassionate care from nurses, doctors, therapists and consultants, he thought that he would really like to be part of people's journeys where he can share first hand his experience and journey to encourage people in their darkest times that they can get through this phase of their life and move forward. What he had always seen as a hindrance to his life and had held him back both professionally and personally he now knew could be a positive influence for others and this is where he focuses his career now trying to demonstrate that just because people make a bad decision in life does not mean it should be the end of a good quality meaningful life.

Abstract: since joining the NHS in 2020 I feel I have settled into a new way of working, one that is focussed on compassion and recovery rather than targets and key performance indicators. I have spent two years as a Peer Support Worker the first within a Forensics setting making the most use of my own lived experience and have now gone on to become the first Senior Peer Support Worker helping map out a career path for Peer Support Workers and being an ambassador for the role across our trust. I have been blessed with many opportunities since joining the NHS including the opportunity at today's conference. Today I will be focussing my presentation on the Barriers people face when coming through the prison system and how hierarchical the system can be making it prohibitive to change or openness through poor communication all because of the fear of security aversion without understanding the impact on people's mental health of not knowing where they are or where they are going. I will be providing some examples of good and bad experiences and the huge unmet need in the system around mental health. I will finally end on one of the most successful resources I have seen within prison mental health services.

Mental health services in corrections: the Canadian experience

Professor Najat Khalifa (MD, FRCPsych, FRCPC) is Professor of Psychiatry at Queen's University in Kingston Ontario, Canada. He is also the Regional Psychiatry Lead for the Ontario Region of Correctional Service Canada. Prior to moving to Canada in 2018, he was employed as an Associate Professor and Consultant Forensic Psychiatrist at the University of Nottingham and Nottinghamshire Healthcare NHS Foundation Trust in the United Kingdom (UK). He was also a Medical Member of the First-tier Tribunal (Mental Health) at Her Majesty's Courts and Tribunals Service in England. He had the privilege to organise the Trent Study Day conference for many years before passing on the baton to Dr Simon Gibbon.

He completed his specialist training in Forensic Psychiatry in the UK. He completed his Doctor of Medicine degree at the University of Nottingham. He is a fellow of the Royal College of Psychiatrists, UK. He is also a fellow of the Royal College of Physicians and Surgeons of Canada.

The main focus of his research work has been on understanding the neuropsychological underpinnings of offending behaviour and the evaluation of therapeutic interventions for patients with offending histories. His main research interests are (i) the use of Non-Invasive Brain Stimulation Techniques to modulate impulsivity, empathy and decision-making; (ii) personality disorder and offending behaviour; and (iii) risk factors for terrorism.

He has a track record of academic achievements in the field of Forensic Psychiatry with many publications including peer-reviewed papers, books, and book chapters. He has presented many symposia and workshops at national and international conferences. Throughout his academic career, he has been actively involved in undergraduate and postgraduate teaching, including the supervision of several Masters and PhD students.

Abstract: Mental health services in the correctional system in Canada are constantly evolving. Recent quality improvement initiatives and legislative changes have paved the way for introducing innovative models of mental healthcare in Canada's correctional system. This talk aims to provide an overview of mental health services and some recent legislative changes and quality improvement initiatives in the federal correctional system in Canada. It concludes by highlighting some of the unique challenges associated with working in the correctional environment in Canada.

Clinical prediction tools in psychiatry: validity and clinical feasibility

Dr Daniel Whiting is a Clinical Associate Professor in Forensic Psychiatry. Clinically he works as a consultant forensic psychiatrist in Nottinghamshire NHS Foundation Trust's prison mental health services. Daniel's primary research interest is in prediction models and how they might best be developed, validated and clinically translated to improve care as clinical support tools in psychiatry. Daniel completed his PhD as part of an NIHR Doctoral Research Fellowship, based with the Forensic Psychiatry Research Group at the Department of Psychiatry, University of Oxford. His PhD involved developing approaches to improve violence risk assessment and intervention in first episode psychosis.

Abstract: A plethora of prediction models have been developed across medicine. Some have had significant clinical impact, translating evidence from large datasets into stratified healthcare. As clinical adjuncts, simple validated tools can improve communication, consistency and transparency of decisions around care. However, models developed vastly outnumber those adopted. This can be due to methodological limitations in development, lack of validation in relevant patient groups, or overlooking clinical feasibility and acceptability. This talk will focus on the potential for simple prediction tools to support the assessment of violence risk and reoffending, including studies of validity and clinical use.

Managing returns to prison from secure psychiatric services: findings from two national studies

Dr Sarah Leonard is a Research Fellow and Lecturer at the Health and Justice Research Network, the University of Manchester. Sarah's research focuses on health and social care needs of people in contact with the criminal justice system; pathways of care within secure psychiatric services and implementing and evaluating novel health services and initiatives to improve health outcomes.

Abstract: Transition from secure psychiatric service (SPS) is a vulnerable period in a patient's care pathway, one that is observed to be associated with increased risk of relapse, reoffending, suicide and other causes of death for individuals discharged into the community. There exists a growing body of research investigating patients who are transitioned from SPS into the community. In contrast, little research has been conducted internationally on patients who are returned to prison following treatment.
This talk will present key findings from two programmes of work:
1. A comparative study of people transferred from prison to hospital under the mental health act: their pathways and outcomes
2. An investigation into aftercare planning for those remitted to prison from secure services.

Outstanding priority areas for improvement, as identified by stakeholders include a) communication and understanding between SPS and prison mental health services, and b) patient involvement in care planning and preparation for return to prison. Effective care planning and management of return to prison from secure psychiatric services has the potential for far reaching effects on preventing relapse, readmission, reoffending and other adverse events.

Poster abstracts

Poster Number	**1**
Presented by	Gurpreet Kaler
Job title and affiliation	Consultant Forensic Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust
Co authors	Jason Lowe, Janette Dobson, Sarah Todd: Nottinghamshire Healthcare NHS Foundation Trust

Title of poster	A Service Evaluation of the National High Secure Deaf In-Reach Service
Abstract	**Who we are** The National High Secure Deaf Service at Rampton Hospital provides inpatient assessment, treatment and rehabilitation for D/deaf* males living with a range of difficulties including complex responses to trauma, mental health difficulties and/or learning disabilities. In 2011, the Deaf Prison In-Reach Service was established in conjunction with Yorkshire Specialist Commissioning Group and Nottinghamshire NHS Trust aiming to provide specialist support to D/deaf prisoners. * 'D' = Deafness as a culture, 'd' = deafness as a medical disability. **Aim** The team evaluated the service to raise awareness of the specific needs of D/deaf prisoners by identifying and describing characteristics, demographics, trends and patterns within existing data as well as highlighting the nature of offences, prevalence of trauma and length of time over tariff. A secondary aim was to identify areas for development to adequately meet the needs of D/deaf prisoners. **Outcomes** After reviewing data for 29 prisoners (female = 3, male = 26), the most common source of support offered by the DPRIS was signposting (over 50%), followed by direct individual work (with nursing or psychology), assessment and consultancy. Since 2011, the DPRIS has assessed 30 individuals and completed over 717 prison visits for assessments and interventions. Whilst this has been acknowledged as a small number, it has been attributed to the difficulties locating D/deaf prisoners and lack of awareness regarding the DPRIS. Currently, referrals to the DPRIS come from prison healthcare staff, but this fails to address the wider specialist needs of this population: basic communication needs, occupational needs and risk reduction work. It also excludes individual's unknown to healthcare. Direct engagement with the DPRIS included: focussed risk reduction work, anger management, mental health monitoring, and 1:1 psychology work. Prior to involvement from the DPRIS, five individuals declined to engage in prison therapy. With support from the DPRIS, two were transferred to more appropriate placements, one was recommended for transfer (not transferred) and one received mental health monitoring (nursing). One continued to decline which could be attributed to potential (lack of) motivation/readiness. This evaluation supports the need for specialist interventions to ensure equitable access to recovery and rehabilitation. **What Next?** It is hoped that the unique needs of this population will be communicated amongst professionals and steps will be made to address these as previously recommended in reports from the BDA (2016) and the Howard League."

Poster Number	2
Presented by	Christian Sales
Job title and affiliation	Research, Nottinghamshire Healthcare NHS Foundation Trust
Co authors	John Tully: Nottinghamshire Healthcare NHS Foundation Trust, Andrew Forrester: Cardiff University
Title of poster	**Delays in transferring patients from prisons to secure psychiatric hospitals: an international systematic review**
Abstract	The use of transfers from prison to mental health hospital for treatment happens in a number of nations around the world. There is a considerable amount of evidence that demonstrates that the quicker treatment is provided to those who are mentally unwell, the better the outcomes, especially in conditions such as psychosis. The speed in which transfers are completed is not currently well-researched, with only a small number of articles available for this review. Although the evidence that exists

	from England and Scotland in the UK and Australia, New Zealand and Ghana covering the rest of the world, suggests that timeliness of transfer is a predominant issue in the countries that undertake transfers. In this review, we provide a summary of the literature and consider the chief causes for delay, such as a shortage of secure beds alongside disagreements as to the level of security required, speed in organising a clinical assessment, deciding upon acceptance or rejection of the referral and thusly how they may be combatted. Further research is required to consider the potential ethical and legal implications of delayed transfers given that the precise rates of completed self-harm / suicide while awaiting hospital transfer are not known even though it is well established that acutely mentally unwell prisoners already present an increased risk of self-harm / suicide. Alongside this, failure of prompt transfer to hospital essentially denies access to equivalent care, likely breaching their human rights.

Poster Number	**3**
Presented by	Kimbia Mothersill
Job title and affiliation	LD Lead for Greenwich Prison Cluster, Oxleas NHS Trust
Co authors	Dr Rachel Daly: Oxleas NHS Trust
Title of poster	**Achieving autism accreditation in Cat A prison**
Abstract	Over the past couple of years there have been an increasing number if service users entering the Greenwich Prison estate with either confirmed or suspected of Autism or Spectrum related diagnosis. Primarily at HMP Belmarsh which is a CAT A prison. In meeting the increase demand and health needs of such individuals the Neuro diverse Team embarked on making the establishment Autism Friendly to create an environment less challenging for those in need of additional support whilst challenging the mind set of both clinical and non clinical staff. In line with the current specifications depicted in NHS England “Guidance on the Healthcare Delivery for Adults with Learning Disability and Autistic Adults (2021), the collateral work between Health care and the Prison establishment begun. This Poster highlights a snippet of the process and the Pathway taken to ensure and establish Achieving Autism Accreditation in a Cat A prison.

Poster Number	**4**
Presented by	Jana Bowden
Job title and affiliation	Research Assistant, University of Manchester
Co authors	Sarah Leonard, Ruth MacDonald, Neil Allen, Jane Senior & Jennifer Shaw, University of Manchester
Title of poster	**An investigation into aftercare planning for those remitted to prison from secure services: a national survey of secure and prison psychiatric services**
Abstract	**Aim**: To identify the current national discharge and aftercare planning procedures for people returned to prison from secure psychiatric services (SPS) in England and Wales. **Background:** SPS are a vital treatment pathway for prisoners who require access to inpatient psychiatric care. Upon treatment completion, many patients are returned to prison to continue their custodial sentence. Whilst transition from SPS is evidenced to be a vulnerable period in a patients’ care pathway, there exists little research which

	explores the process of return to prison. In particular, the process of discharge planning and aftercare arrangement practices are unclear. **Method:** A National survey of SPS and prison mental health services (PMHS) was conducted. The survey included a breadth of questions which addressed the day-to-day processes involved in discharge/after-care-planning for those returning to prison, alongside the opportunity to provide free-text responses. The questionnaire was distributed electronically via email to lead clinicians at each site between March 2021 and June 2022. Numerical data were analysed using Statistical Package for the Social Sciences (SPSS) for Windows version 22 and descriptive statistics were generated. The focus of the free text response analysis was not to develop emergent themes, but to identify key barriers and facilitators at each stage of the discharge planning and aftercare process. As such, the data for each free text response were analysed separately following a summative approach to content analysis **Result:** Responses were returned by 67% of SPS and 86% of PMHS contacted for participation. Over half of SPS had an identified lead to coordinate prison transfer whilst 20% of PMHS had a lead dedicated to coordinating aftercare. The data indicated areas for improvement within the remittal care pathway by highlighting existing barriers and facilitators to mental health care provision. This included factors such as the timing of return, communication between services and use of the Care Programme Approach (CPA). Differences in perspectives between SPS and PMHS-based clinicians were evident and illustrated a key barrier to successful joint working. **Conclusions:** This study provides findings on an under-researched area, highlighting factors that influence safe and effective return to prison and access to appropriate aftercare. The understanding of the current national discharge and aftercare planning procedures gained is important for policy development. Study findings will be used to inform the design of formal remittal guidance.

Poster Number	**5**
Presented by	Lindsey Wilson
Job title and affiliation	Clinical Lead/Clinical Research Nurse, Tees Esk and Wear Valley NHS Foundation Trust
Co authors	Anne Aboaja, Oluwatosin Atewogboye , Mudassar Arslan , Lucia Parry Newton: Tees Esk and Wear Valley NHS Foundation Trust
Title of poster	**An evaluation of the acceptability and potential benefits of "Discovery Group" a service user led research programme in a secure mental health in-patient setting**
Abstract	**Aims and hypothesis:** To facilitate a service user led research programme "Discovery Group" within a secure mental health inpatient setting. This study aimed to evaluate the acceptability of this programme from the service user's perspective and identify the potential benefits of the programme and how it could be improved in the future. **Background:** Involving service users in research is very important as they can provide a valuable and unique contribution, however within secure mental health hospitals it can be difficult for service users to have the opportunity to be involved in research due to the barriers researchers face in relation to physical accessibility to these hospitals and client group. The "Discovery Group" was an 8-session service user led research programme established to help service users learn about research by supporting them to conduct their own research project, provide meaningful activity and help service users acquire research skills. **Method**:

	Service users involved in “Discovery Group” were invited to an evaluation workshop, all 8 service users that were eligible agreed to participate. The participants were asked to complete 2 questionnaires. The first questionnaire which was based on the Theoretical Framework of Acceptability asked how acceptable they found the programme and how they enjoyed it. The second questionnaire asked about how Discovery Group had benefitted them and if they would recommend it to others. The participants were also given the opportunity to develop a poster to offer suggestions in order to improve “Discovery Group” for future implementation. **Result**: All participants said they would recommend the programme to other service users and overall, felt that the programme was acceptable and was worth undertaking and could help promote recovery. The majority of the participants involved indicated that they felt positive that they had taken part in the “Discovery Group” programme and expressed an interest in participating in another program in the future. Some participants felt that they had learned about research and felt respected as researchers however, they felt that had to put in quite a bit of effort whilst attending the sessions. Some participants suggested the use of computers would help improve future “Discovery Groups”. **Conclusions**: The “Discovery Group” allowed service users within a Secure In-patient Mental Health setting to be involved in research. Overall, it has a high level of acceptability amongst the participants and offered numerous possible outcomes which require further study to explore.

Poster Number	**6**
Presented by	Nicola Shinn
Job title and affiliation	Ward Manager, Nottinghamshire Healthcare NHS Foundation Trust
Co authors	Sarah Foster, Nottinghamshire Healthcare NHS Foundation Trust
Title of poster	**Increasing Autism Acceptance within Forensic Services**
Abstract	There evidently remains a significant lack of understanding around the needs of autistic people cared for within forensic mental health services, with the inevitable focus on the diagnosis of mental health or personality disorders, which leads to diagnostic overshadowing of autistic characteristics being misinterpreted as symptoms of co-existing diagnoses. This then affects the needs of the neurodiverse patient groups taking second place within the treatment pathways. The NHS has a driven focus on making positive changes to the way we care for autistic people within inpatient services, to ensure an understanding of autism, promote equal opportunities and improve quality of life. This aims to prevent the increase of risk that leads to restrictive practices being applied and also increases the length of stay in inpatient settings. In 2021, within a high secure forensic environment, the need for a specialist service for autistic people with a coexisting learning disability was identified. This became apparent with the increasing number of admissions that have co-existing autism and Learning Disability diagnoses. Within the service we promote acceptance, understanding, reasonable adjustments and environmental adaptations. The ward focuses on sensory informed care and adaptive communication. Due to the nature of the high secure environment and the complexities of our patient group, we have faced adversity in challenging the culture and implementing changes. We also face challenges in that the physical environment was not purpose built with the needs of autistic people as the core consideration. We have seen various benefits since the implementation of the service including patient experience, reduction of restrictive practices, reducing episodes of seclusion,

	increasing time out of segregation, acceptance within our staff team and the willingness to adapt and utilise different approaches within our daily practice. We hope the future brings increased delivery of specialist training, accreditation from the national autistic society and the ability to raise our service profile on a national scale. This we hope, will promote a wider acceptance of autism within inpatient settings, a focus on improving treatment pathways, overall quality of life and preventing the need for autistic people to access inpatient services."

Poster Number	**7**
Submitted by	Harlene Deol
Job title and affiliation	Specialty Doctor, Nottinghamshire Healthcare NHS Foundation Trust
Co authors	Dr Simon Gibbon, Chrissy Fullerton, Oronne Wokekoro
Title of poster	**Physical Health Monitoring of Patients on Antipsychotic Medication at Medium Secure Unit**
Abstract	**Aims and hypothesis**: Physical health monitoring of antipsychotic medications is an essential aspect of our practice, and despite assurance in previous audits, we agreed to monitor biannually to ensure we were maintaining standards. Additionally, this audit aimed to look more closely at special monitoring requirements for drugs such as Olanzapine, Chlorpromazine, Clozapine and Quetiapine which had not been measured in previous audits and would likely highlight some areas for improvement. **Background:** People who have a serious mental illness have a higher prevalence of physical health problems as compared to the general population; with a 2–3 times greater risk of cardiovascular morbidity and mortality, double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome and five times the risk of dyslipidaemia than the general population. There is a concern that some antipsychotic drugs have metabolic consequences that contribute to the risk. As such it is imperative that patients treated with antipsychotics receive appropriate health monitoring. **Method:** Audit standards were drawn from the Maudsley Prescribing Guidelines in Psychiatry 14th edition, in addition to NICE Guidance CG178 -Psychosis and schizophrenia in adults: prevention and management. A random number generator was used to select patients from each of the 7 wards, giving a sample size of 21 patients. We collected data on Weight, BP, ECG and various blood tests conducted from February 2021 – February 2022. Data was collected from a combination of patient electronic record, CPA reports, and online blood results system. Data was inputted to MS Excel which created percentage compliance in each domain. **Result:** 1. Blood Pressure: General compliance in the taking of BP met our standard of 100% 2. Weight: Annual monitoring compliance was 93% however compliance fell short for special recommendations for Clozapine, Olanzapine and Chlorpromazine. 3. ECG: Our compliance fell short in the recording of an ECG on admission, or at reaching target medication dose. Annual monitoring compliance was 93%. 4. Bloods: Annual compliance for FBC, LFT, U&Es, Lipids, Prolactin and Glucose were 100%, however our compliance fell short for baseline recording and interim 3-6 monthly monitoring for various blood tests. **Conclusions:**

	Overall results demonstrate good, safe practice, particularly during a challenging period for clinical teams. Shortfalls particularly at baseline were related to risk issues making investigations impractical. It was agreed that there should be an increased frequency of regular glucose monitoring and that HbA1c monitoring was a reasonable measure for this.

Poster Number	**8**
Submitted by	Lewis Albie MacDonald-Winship
Job title and affiliation	Social Worker Assistant, Nottinghamshire Healthcare NHS Foundation Trust
Co authors	Richard Shuker (HM Prison Service)
Title of poster	**Research and Practice in Therapeutic Communities in Prisons & Secure Settings**
Abstract	The Consortium for Therapeutic Communities (TCTC) has a research group that supports, develops and promotes research practice across a range of settings including acute wards, schools, day centres, prisons and other secure settings. The TCTC research group is led by Richard Shuker who is clinical lead at HMP Grendon Underwood. The TCTC R&D Group organise seminars to discuss key issues in the field and offers opportunities for members to present their research to their peers. The research group works closely with the Community of Communities (CofC) Quality Network and the Enabling Environments project at the Royal College of Psychiatrist's Centre for Quality Improvement. The CofC sets service standards and measures for accredited therapeutic communities which aspire to foster high quality therapeutic milieu were, for example, - Service users play an active role in the day to day running of the Community, taking on responsibilities aligned to stages of recovery. - A highly structured timetable of activities, including therapeutic programmes such as individual and group therapy, but also activities of everyday living such as cooking, cleaning, gardening and other creative arts based activities. - Everyday social interactions are seen by all as learning opportunities where a culture of curiosity is nourished so that peer feedback and community relationships offer a contained space for services users and staff to learn about themselves. - The TC enables service users to understand their recovery needs, including insight into pathways leading to destructive and self-defeating patterns of behaviour. Research and practice innovations in Therapeutic Communities are published in the International Journal of Therapeutic Communities. The IJTC was established in 1978 and has published papers from a diverse range of fields, including publishing papers by people with lived experience. Education, culture, politics, restorative justice and the arts, inform the co-operative endeavour of Therapeutic Communities with a long tradition emerging from progressive schooling, psychotherapy, psychology, social psychiatry, and recovery facing practices. The TCTC Research Group is organised by a Steering Group that meets quarterly and is supported by a number of Special Advisors, who have offered to make their expertise available to members. If you would like to join the TCTC R&D Group, please research@therapeuticcommunities.org. We would like to hear about any research you have been or are involved in, and we are preparing a database of current and completed research.

If you have any queries, then please email Karen Sugars