



*Reintegration and Recovery among
People in Forensic Mental Health and
Criminal Legal Systems*

PROGRAM

Updated as of June 21

**2023 IAFMHS ANNUAL
CONFERENCE
SYDNEY | JUN 20 - 22**



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Faculty of Forensic Psychiatry



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Australian and New Zealand Association of Psychiatry, Psychology and Law



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Welcome Message

We warmly welcome you to Sydney for the 22nd annual International Association of Forensic Mental Health Services conference. The conference is held in Sydney on the lands of the Gadigal people of the Eora Nation and we acknowledge the traditional owners and elders of those lands. We are particularly pleased to be hosting the conference in Australia, only the second time in the history of the conference that it has been held here.

This year the conference is being held in partnership with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Faculty of Forensic Psychiatry, the Australian and New Zealand Association of Psychiatrists, Psychologists and Law (ANZAPPL), and the Australian Psychological Society (APS) College of Forensic Psychologists.

This year's conference theme is 'Reintegration and recovery amongst people in forensic mental health and criminal legal systems', one that we anticipate will be highly relevant for many working in the field. We have three fantastic keynote speakers to address the conference theme, Dr Lisa Monchalin from Canada, and two speakers from Australia - Prof Stuart Kinner and Dr Marshall Watson.

We invite you all to attend the Welcome Reception at the conference venue, the International Convention Centre in Sydney (to be held just outside the conference meeting rooms). The annual Fun Run will be held on Wednesday morning, with thanks to organisers from the IAFMHS student board and members of the local organising committee. The Conference Dinner cruise in Sydney Harbour will be held on Wednesday evening. Please also look out for our Special Interest Groups that are scheduled through each day and the posters that will be placed in the communal area outside conference rooms. Please also look out for details of our sponsors, including those with booths in the communal area.

We hope you get the opportunity to see as much of our beautiful city as you can (perhaps also venturing more widely in Australia). We hope you enjoy the conference this year and look forward to seeing you in San Francisco in 2024!

Prof. Quazi Haque
President, International Association of Forensic
Mental Health Services (IAFMHS)

Prof. Barry Rosenfeld
Chair, Conference Standing Committee

Prof. Tonia Nicholls
President-Elect IAFMHS

Prof. Kimberlie Dean,
Prof. Michael Daffern &
Dr. Evelyn Heynen
Scientific Committee Co-Chairs

Prof. Troy McEwan (ANZAPPL)
Dr. Vinesh Gupta (RANZCP)
Dr. Michael Davis (APS)
Conference Partners

Scientific Program Committee

We would like to extend our thanks to the international reviewers who generously time from their busy schedule to evaluate the submissions to build the 2023 program.

Anne Crocker
Barry Rosenfield
Evelyn Heynen
Kimberlie Dean
Michael Davis
Michael Daffern
Quazi Haque

Susanna Every-Palmer
Tonia Nicholls
Troy McEwan
Vinesh Gupta
Yan Lim

Local Organizing Group

Christina Matthews
Justin Barry-Walsh
Kimberlie Dean
Michael Daffern

Michael Davis
Minh Thu Nguyen
Vindya Nanayakkara
Russ Scott

Conference Volunteers

We would like to extend our gratitude to our student volunteers for providing assistance with the conference registration area and concurrent sessions throughout the conference.

Alexa Barrett
Aleshia Nanev
Alicia Yokoyama
Amirtha Lakshman
Devin Lam
Erika Fortunato
Jay Gonzales
James McLauchlan
Jennifer Kirshenbaum
Jessica Sant
Laura Coat
Lillian Bopp

Madeline McPherson
Maicee Harrison
Mark Mohan Kaggwa
Mimosa Luigi
Monique Sondhu
Madeleine Brygel
Nathan Akoka
Nishant Krishnan
Perry Callahan
Rhiannon Morley
Roseanne Rofaeel
Sam Scott-Palmer

Abstracts Reviewers

We would like to thank our reviewers for their time and effort in reviewing abstract submissions.

Ali Baird

Alicia Spidel

Amelie Ladouceur

Andrew Gray

Barry Rosenfeld

Barbara Smaniotto

Brandon Sparks

Brianne Layden

Clare Mcinerney

Cindy Peternelj-Taylor

Diane Lucas

Evan Lowder

Evelyn Heynen

Gwatirera Javangwe

Hania Amin

Jules Dugre

Julia Tiemersma

Kimberlie Dean

Kimberley Juers

Lindsey Gilling McIntosh

Lillian Bopp

Michael Daffern

Mimosa Luigi

Ming-Yun Hsieh

Natalia Yee

Neidi De Carvalho

Nichola Tyler

Peggy Walde

Roheen Qamar

Solveig Vatnar

Spencer Lawson

Susanna Every-Palmer

Tella Lantta

Tess Maguire

Troy McEwan

William Kingswell

Conference Events

TUE, JUN 20, 10:00 AM: STUDENT BREAKFAST

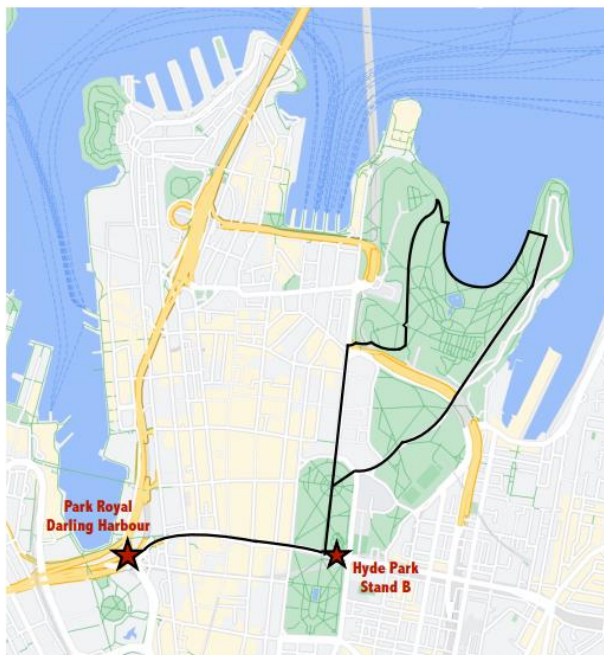
We welcome all student members to join the IAFMHS Student Board for the Student Breakfast on Tuesday morning (Room C.3.2). In addition to enjoying a delicious breakfast spread, you will have the opportunity to meet this year's Student Board and hear about all the things the board does! We will also be discussing the can't-miss student events at the conference, and playing some trivia as a group. Come test your knowledge about Sydney and Australia! This breakfast is also a great opportunity to network with fellow students, and make some connections as you kick off the conference! We hope to see you there!

TUE, JUN 20, 6:30 PM: WELCOME RECEPTION

The Welcome Reception will be hosted at the International Convention Centre (ICC) Sydney - where the conference is taking place. Come meet and reconnect with old and new friends over some drinks and nibbles. Please bring along your conference badge for entrance and identification.

WED, JUN 21, 7:00 AM: 5KM FUN RUN

The IAFMHS Student Section and the Local Organising Group are pleased to organize another annual 5km Fun Run, which will take place the morning of Wednesday, June 21. Registration cost is \$30 CAD per person and includes a t-shirt. Fun Run proceeds go to student awards and initiatives. The group will meet for a photo op at 6:50 am the Park Royal Hotel Lobby and kick off the run at 7:00 am following the route below.



WED, JUN 21, 6:15 PM: CONFERENCE CRUISE BANQUET DINNER

Conference attendees and their guests are invited to join us for a fun evening of dining and dancing at our annual banquet dinner. This year's dinner will be hosted on Wednesday, June 21 on a cruise along the stunning Sydney Harbour. The cost per person is \$150 CAD and tickets can be purchased when registering for the conference on our website or by emailing iafmhs@sfu.ca. Tickets are limited, so do get yours soon. **Please embark at 6:15pm. The cruise will depart the Convention Wharf at 6:30pm on June 21.**

WED, JUN 21, 7:00 PM: STUDENT SOCIAL

The IAFMHS Student Section hosts a free student social, with appetizers and drinks, on the same night as the conference banquet. The Student Social will be hosted at **Cargo Bar** (Darling Harbour, 52-60 The Promenade) starting at 7pm. Student members are guaranteed drink tickets, although all students are welcome to attend.

ORGANIZATIONAL COIN & PIN

The IAFMHS Student Board is hoping to sell the coins and pins as fundraisers, in order to support student led initiatives, grants, and scholarships. See them here and order yours today!

The International Association of Forensic Mental Health Services is now represented through the creation of an IAFMHS organizational coin and pin. The pin and coin are designed with the current IAFMHS logo in mind. Additionally, the general coin is representative of the intersection between mental health and the justice system through the incorporation of the green ribbon and the scales of justice signify the fairness in the judicial system. Lastly, the phrase "Bridging Mental Health and Justice" relate to the core values of IAFMHS. Please wear the pin during all events so that you can represent your involvement and support for the IAFMHS.

We appreciate your support and look forward to seeing you all at the annual conference in Sydney! Coins and pins can be purchased at the registration desk. Show support for our students today!

SEEKING DONATIONS - DEREK EAVES STUDENT RESEARCH GRANT

We are seeking donations to support The Derek Eaves Student Research Grant. This Grant was set up in 2017 to honour Dr. Derek Eaves' bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. You can choose to include a small donation with your registration. Please contact iafmhs@sfu.ca for further information or if you wish to donate other amounts.

Keynote Speakers

DR. LISA MONCHALIN | INDIGENOUS SOLUTIONS: ELDER WISDOM ON CRIME AND INJUSTICE IN CANADA

June 20, 12.30pm - 1:45pm - Cockle Bay Room

Indigenous peoples are the most overrepresented in the Canadian prison system compared to any other segment of the Canadian population. Yet at the same time, Indigenous laws and methods of justice are underappreciated within Canada's legal system. Instead, Euro-Canadian common and civil law traditions are upheld and reinforced. Many Euro-centric teachings and belief systems incorrectly assumed that Indigenous peoples lacked justice systems, laws, culture, and religion. In fact, Indigenous peoples have very advanced justice systems, laws, cultures and spiritual practices. Ignoring or devaluing Indigenous histories, truths, and stories, promotes the colonial falsehood that Indigenous peoples either did not have laws, or that European contributions are somehow better, or trump, Indigenous legal orders. This is not the case, Indigenous peoples had, and still have, advanced laws, and approaches to justice in place long before colonizer arrival. Thus, this presentation challenges and deconstructs mainstream approaches, arguing that they continue state oppression and contribute to injustice and crime. A new framework must be adopted and come from the true experts of the land. As such, this presentation shares Elder wisdom on crime and justice from interviews with Indigenous Elders from various nations across Canada. It concludes by arguing that much can be learned from Indigenous legal narratives, as true laws of the land can be brought to the forefront for meaningful change to address overrepresentation.

Lisa Monchalín, PhD, is faculty in the Department of Criminology at Kwantlen Polytechnic University. She is a graduate of Eastern Michigan University where she obtained her Bachelor's degree in 2004 and her Master's degree in 2006, both in Criminology. In 2012, she graduated with her Doctorate in Criminology from the University of Ottawa. In 2022, she graduated with her Juris Doctor from The University of British Columbia, Peter A. Allard School of Law.

Lisa is a registered citizen of the Métis Nation of Ontario. She was born in St. Catharines, Ontario and grew up in the Niagara Region. She is Métis-Anishinaabe from the historic Métis community of Sault Ste Marie. She also has ancestry that includes Scottish, French, Algonquin, and Huron. In fall 2018, she was a Visiting Professor at the University of Toronto Centre for Criminology and Sociolegal Studies. In the winter of 2017, she was a Visiting Professor at Central Washington University, a cross appointment with the Department of Law and Justice and the Department of Sociology. She is the author of *The Colonial Problem: An Indigenous Perspective on Crime and Injustice in Canada*, with the University of Toronto Press.



DR. STUART KINNER | IMPROVING (MENTAL) HEALTH OUTCOMES AFTER INCARCERATION: WHOSE RESPONSIBILITY IS IT?

June 22, 10.40 am - 12.00 pm - Cockle Bay Room

Incarceration is both a marker and a driver of poor health outcomes. Rates of preventable morbidity and mortality after incarceration are extraordinarily high, indicating that incarceration is best conceived of as an 'interruption' in life trajectories distinguished by chronic health adversity. Among people in prison, complex multi-morbidity (including dual diagnosis) is normative and necessitates coordinated, multi-sectoral care.

Custodial settings provide a rare (albeit regrettable) opportunity to identify unmet health needs and initiate appropriate care. However, achieving sustained improvements in the health of people who experience incarceration requires ongoing, high-quality care after release from custody. Yet investment in throughcare and post-release support is woefully inadequate. Poor health outcomes after incarceration compound health inequity, compromise public health, reduce public safety, and impose an avoidable burden on scarce public resources. Improving health outcomes after incarceration is therefore a whole-of-government responsibility. Forensic mental health services have a critical role to play in providing coordinated, continuous care for people who experience incarceration, but cannot operate effectively in isolation. In this presentation I will summarise the evidence underpinning these statements, and argue in support of the World Health Organization (WHO) call for an approach of 'prison health in all policies'.

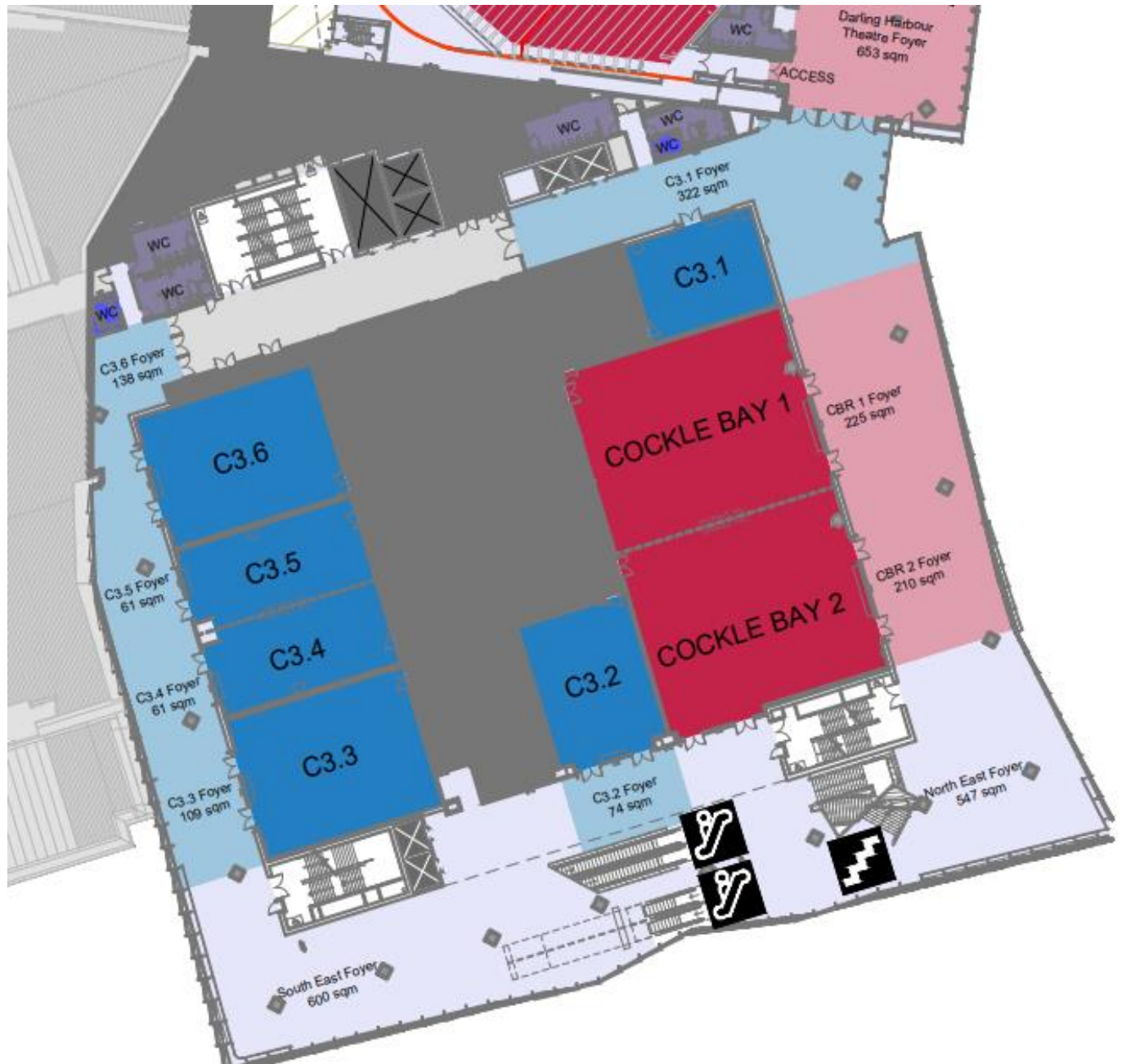


Dr. Stuart Kinner is Professor of Health Equity at Curtin University, Group Leader for Justice Health at Murdoch Children's Research Institute, Honorary Professor at The University of Melbourne, and an Adjunct Professor in the Griffith Criminology Institute, Griffith University. For the past two decades Stuart's research has focused on health services and health outcomes for people who come into contact with the criminal justice system. He is experienced in multi-sectoral data linkage, cohort studies, randomised trials and other rigorous evaluation methodologies, systematic review, and meta-analysis. During his career Stuart has produced >300 publications including >200 peer-reviewed papers, and attracted >\$29 million in research and evaluation funding. He Chairs Australia's National Youth Justice Health Advisory Group and serves on Australia's National

Prisoner Health Information Committee, the WHO Health in Prisons Programme (WHO-HIPP) Steering Group, and the Worldwide Prison Health Research and Engagement Network (WEPHREN) Steering Committee.

Conference Venue Layout

International Convention Centre (ICC) Sydney - Level 3
14 Darling Drive, Sydney NSW 2000



Conference Schedule

JUN 20, TUESDAY

9:00-12:00	Board of Directors/Advisory Board meeting C3.1						
11:00-12:15	Lunch						
12:15-13:45	Welcome to Country / Welcome Remarks Keynote Speaker - Dr. Lisa Monchalin Indigenous Solutions: Elder Wisdom on Crime and Injustice in Canada Cockle Bay Room						
	Transition between Sessions (10 minutes)						
Room	C3.2 Forensic Mental Health Treatment	C3.3 Forensic Services and Programs	C3.4 Forensic/risk Assessment	C3.5 Tailoring treatments/ Responsivity	C3.6 Challenges to Care and Emerging Solutions	Cockle Bay Room	
14:00-15:10	Sessions 1 - Symposium - Patient involvement in research and service development		Session 3 - Symposium - Court diversion: The key to addressing mental health burden in prison?	Session 4: Young people in contact with the justice system	Session 5 - Symposium - Between a Rock and a Hard Place: Embedding Forensic Mental Health into Public Mental Health Services	Session 49 - Symposia - Can Virtual Reality technology increase learning and therapeutic effect when used in forensic interventions	
15:10-15:40	Coffee Break (3:10-3:40)						
15:40-16:50	Session 6: Physical Health	Session 7 – Symposium - The Faces and Phases of Community Re-Integration of Forensic ID Clients	Session 8: Forensic Assessment	Session 9 - Symposium - Mental health and criminal justice in context: A person-centred approach	Session 10: Education and training	Session 52: Intimate Partner Violence and broader gender issues	
16:50-17:00	Transition between Sessions (10 minutes)						
17:00-18:10	Session 11: Psychological and pharmacological treatments	Session 12: Forensic mental health nursing	Session 13 - Symposium - State of the Law, Science, and Practice: Cross-National Perspectives on Mental Health Diversion	Session 14- Round table - NDIS and Deinstitutionalisation: Exiting De Facto Prisons for the Disabled	Session 15 - Symposium - Systematic review of judicial considerations of Gladue factors and violence risk in sentencing decisions from 1999 to 2022		
Evening	Welcome Reception						

JUN 21, WEDNESDAY

6:50-8:30	Fun Run					
ICC room	C3.2 Forensic Mental Health Treatment	C3.3 Forensic Services and Programs	C3.4 Forensic/risk assessment	C3.5 Tailoring treatments/Responsivity	C3.6 Challenges to Care and Emerging Solutions	Cockle Bay Room
9:00-10:10	Sessions 16 - Symposium - Improvement of Treatment Regimen at the Vitos Gießen Forensic Psychiatric Hospital	Session 17- Health and justice care pathways	Session 18- Risk and resilience factors	Session 19- Psychopathy and other personality disorders	Sessions 20 – Symposium -National Trajectory Project–Community (NTP-C): A National Study of Opportunities and Obstacles to Successful Community Reintegration of Canadian Forensic Psychiatric Patients	
10:10-10:40	Coffee Break/Poster Session 1					
10:40 – 12:15	Webster/Muller Isberner Award Presentations (10:40-11:00) Keynote Speaker - Dr. James Ogloff Forensic Mental Health and Models of Care (11:00-12:15) <i>Sponsor: The Royal Australian & New Zealand College of Psychiatrists (RANZCP)</i> Cockle Bay Room					
12:15-13:30	Lunch/Poster Viewing					
13:30-14:40	Session 21 - Lived experience perspectives and broader policy issues	Sessions 22 - Symposium - Understanding the mental health needs of Scotland's prison population: A national health needs analysis	Session 23: Families, geography and self-harm	Session 24 - Round table - Preventing Bias in MedicoLegal Assessments	Sessions 25 -Symposium - Technology of the future in forensic mental health care	Session 54: Student Panel
14:40-14:50	Transition between Sessions (10 minutes)					

JUN 21, WEDNESDAY (CONT'D)

ICC room	C3.2 Forensic Mental Health Treatment	C3.3 Forensic Services and Programs	C3.4 Forensic/risk assessment	C3.5 Tailoring treatments/Responsivity	C3.6 Challenges to Care and Emerging Solutions	Cockle Bay Room
14:50-16:00	Session 26 - Symposium - Reintegration within forensic intellectual disability settings: Understanding characteristics and exploring ways forward for people who seek long term isolation	Session 27- Mental Health Court Diversion	Session 28- Symposium - Racial disparities in risk assessment: measurement, detection, and the search for solutions	Session 29 - First Nations peoples; Special groups	Session 30 - Round table - Child and adolescent forensic psychiatry in Australia and New Zealand – the critical issues.	SIG Meeting: RISC-team
16:00-16:30	Coffee Break/Poster Session 1 cont.					
16:30-17:40	Session 31 - Roundtable - Organizing the multidisciplinary International Association for Firesetting Intervention, Research and Evaluation (IFIRE): An Opportunity for Forensic Mental Health Professionals	Session 32- Specialist services and models of care	Session 33: Risk assessments	Session 34 - Symposium - Spotlight on Emerging Evaluation Research in Mental Health Courts	Session 35: Legal concepts and issues	
18:15-21:30	Conference Cruise Banquet Dinner (Embark at 18:15. The cruise will depart at 18:30)					

JUN 22, THURSDAY

ICC room	C3.2 Forensic Mental Health Treatment	C3.3 Forensic Services and Programs	C3.4 Forensic/Risk Assessment	C3.5 Tailoring treatments/Responsivity	C3.6 Special Interest Groups	Cockle Bay Room
9:00-10:10	Session 36- Roundtable - Speech pathology in forensic mental health – what’s the value in that?!	Session 37: Reoffending and release outcomes	Session 38 – Symposium - Enhancing the Dynamic Appraisal of Situational Aggression and the Aggression Prevention Protocol (eDASA+APP)	Session 39: Substance use and services for women	SIG meeting: Long term Forensic Psychiatric Care	Session 51- Roundtable - How Does Understanding Autism Help You
10:10-10:40	Coffee Break/Poster Session 2					
10:40-12:00	Keynote Speaker - Dr. Stuart Kinner Improving (Mental) Health Outcomes after Incarceration: Whose Responsibility is it? <i>Sponsor: Australian and New Zealand Association of Psychiatry, Psychology and Law (ANZAPPL)</i> Cockle Bay Room					
12:00-13:15	Lunch/Poster Viewing (12:00-13:05)					
13:15-14:25	Session 40 - Symposium - Machine Learning in Forensic Psychiatry – Background, Practical Applications and Future Directions	Session 41- Services and treatment for sex offending	Session 42 - Reducing violence risks	Session 43- Special groups	SIG meeting: Mental Health Courts and Diversion Programs	Session 53- Panel discussion: Forensic psychology in Australia – challenges and opportunities
14:25-14:35	Transition between Sessions (10 minutes)					
14:35-15:45	Session 44- Symposium - Deliberate Firesetting: New Developments in Research and Practice	Session 45 - Services and systems		Sessions 47 -Symposium - Barriers to community re-integration for offenders with intellectual disabilities and how we may mitigate these in the New Zealand context	SIG meeting: Emerging Forensic Systems	SIG meeting: Service development, organization, strategy & delivery
15:45-16:15	Coffee Break/Poster Session 2 cont.					
16:15-17:25	Session 48 - Symposium - Developments in the application of psychopathy and maladaptive personality to forensic topics	Session 46 - Symposium - Engaging forensic service users in care: Perspectives on access to services, risk management and cultural safety	Session 50- Symposium - Haina I		SIG meeting: Forensic Mental Health Nurses	SIG meeting: Equity, Diversity, Inclusion
17:25-17:45	Annual General Meeting					

Tuesday, June 20

Sessions 1 – 6 & 49 [14:00 – 15:10]

14:00 - 15:10	Room C3.2 Forensic Mental Health Treatment
<p>Session 1 Symposium: 1423124: Patient involvement in research and service development Chair: Fenia Ferra - Rostock University Medical Center</p> <p>Patient involvement has become standard practice in many areas of medicine. Patients can contribute due to their lived experience of the relevant health conditions as well as the treatments provided. In research this could lead to a more relevant focus of research projects, improve participant recruitment and add to the interpretation of results. In service provision patients can ease the development of a trusting relationship between the treating team and patients. In forensic-psychiatric settings patient involvement lags behind compared to others areas. This symposium is therefore dedicated to patient involvement in research as well as service provision in this context.</p> <p>What does a Peer Support Worker do in a Forensic Hospital for Offenders with Substance Use Disorders? Birgit Völlm - Rostock University Medical Center, Clinic for Forensic Psychiatry Peggy Walde - Universität Rostock: Universitat Rostock Kai Gerullis - Universität Rostock: Universitat Rostock To be presented by Eva Drewelow</p> <p>Unlike in general psychiatry there is less experience with peer support work in forensic mental health inpatient settings. Characteristics different from general psychiatry might lead to different tasks and subjects of conversation for peer support workers. To get a deeper insight about the work of a forensic peer support worker, we used the anonymized work documentation of the peer support worker to extract information and clustered them into themes. Results reveal several regular and irregular tasks. During one-on-one conversations, patients addressed topics, e.g., about their substance use history, thoughts and issues about their therapy or ways to achieve future goals.</p> <p>Early insights from a joint project on participatory research involving dementia and forensic mental health patients Fenia Ferra- Universität Rostock: Universitat Rostock Marcel Daum - Universität Rostock: Universitat Rostock; Olga Klein - Universität Rostock: Universitat Rostock Jack Tomlin - University Greenwich Peggy Walde - Universität Rostock: Universitat Rostock Kai Gerullis - Universität Rostock: Universitat Rostock Ingo Kilimann - Universität Rostock: Universitat Rostock Stefan Teipel - Universität Rostock: Universitat Rostock Birgit Völlm - Universität Rostock: Universitat Rostock</p> <p>There has been limited research on how participatory research can be used with seldom heard groups, such as with dementia or forensic mental health patients. This project aims to explore the use</p>	

of participatory research with these groups and is divided into three phases: a. planning and preparation, b. establishment of participatory research panels, c. evaluation. As part of the first stage, two systematic reviews will be conducted, the output of the review in forensic mental health is presented here. The following databases have been used: PubMed, PsycINFO, Embase, Web of Science Core Collection and Google Scholar. Hand searches in articles published in relevant journals, as well as bibliographies of the studies included, have also be conducted. Analyses focused on the different participatory research approaches identified, methodological variations, the impact of participatory research to different parties (researchers, people with lived experience, community), as well as on the benefits and limitations of its use, and challenges in its implementation. Preliminary results suggest that participatory research could expand to seldom-heard populations. Some of the main challenges of implementing participatory research are the communication barriers between researchers and seldom-heard groups, and the difficulty of accessing and engaging those populations. The level of participation of people with lived experience in the research process varies, and there are relevant implications identified for different levels of participation. Several studies have stressed the importance of involving people with lived experience at the early stages of the research, in the initial development and design of research.

Patient involvement in high secure care

Cheryl Rees - State Hospital Scotland

Brian McKenna - Swinburne University of Technology, Victoria

As detained patients, individuals within FMHS can feel disempowered and coerced. Through reflection of engaging high secure patients as research collaborators and utilising the patient voice we aim to highlight the importance and value of involving patients in research and recovery tasks. Engagement can aid progression, amplify their voices and the development of life with meaning and purpose. Within previous qualitative research we were struck by how emotionally provocative individuals recovery stories were and their strong drive to help those entering the system now. This provoked development of research supporting high secure patients to create peer material to pass their 'words of wisdom' to new admissions. A Participatory Action Research (PAR) approach was adopted which eliminated the authority of the researcher and empowered patients, who became collaborators. PAR describes a range of approaches with researchers and participants collaborating to explore a situation and effect action to mitigate it (Wadsworth1998). It is a knowledge construction process underpinned by three main goals: to produce practical knowledge, to take action to make that knowledge available and to be transformative both socially and for the individuals taking part (Schneider, 2012). This is achieved by bringing together the diversity of knowledge systems available; researchers, other stakeholders and community members and by not privileging specific knowledge, empowering the voice of communities and encouraging action through combined knowledge (Greenwood and Levin, 2007). Through our project the collaborators created 'Get On and Get Out', a booklet to put new admissions at ease and guide their pathway.

14:00 - 15:10

C3.4 Forensic/ Risk Assessment

Session 3 Symposium: 1423105 - Court diversion: The key to addressing mental health burden in prison?

Chair: Kimberlie Dean - University of New South Wales & Justice Health and Forensic Mental Health Network

Policies supporting diversion away from the criminal justice system into mental health treatment have gained popularity internationally. However, there is limited work examining the success of these

programs in identifying and diverting individuals, linking diverted individuals with health services, and reducing reoffending. This symposium will address these research questions by presenting empirical data from several studies of mental health court diversion in NSW, Australia. Comparison of findings with other jurisdictions will also be presented. The potential for court diversion to be one component of strategies to address the hyperincarceration of First Nations Peoples in Australia, and elsewhere, will be discussed.

Adult Mental Health Court Diversion in New South Wales

Yin-Lan Soon - University of New South Wales

Ulrika Athanassiou - University of New South Wales

The Statewide Community and Court Liaison Service in New South Wales, Australia, identifies mentally ill offenders likely to meet legal eligibility criteria for diversion at the busiest local courts across the state. Utilising data collected by mental health clinicians working in the service and record linkage to state-wide administrative datasets, 8317 individuals were identified as being eligible for court diversion on at least one occasion during the study period (1 July 2008 and the 30 June 2015) and 57.3% were subsequently diverted by Magistrates. Successful diversion at this first step was associated with being female, older, of non-Aboriginal and/or Torres Strait Islander background, and having a serious mental illness, replicated when stratified by sex and by Aboriginal and/or Torres Strait Islander background. Both men and women who were granted a diversion (either hospital- or community-based) showed reduced reoffending, including violent reoffending. Rates and correlates of health contact following court finalisation will also be presented for the diverted and non-diverted group, including contact with inpatient, outpatient, and emergency health services.

Mental Health Court Diversion for Young People in New South Wales

Sara Singh - University of New South Wales

Claire Gaskin - University of New South Wales & South Eastern Sydney Local Health District;

Carey Marr - University of New South Wales

In a cohort of young people referred to an Australian mental health diversion service over a 7-year period, 46.5% of those deemed eligible (n=523) were actually granted diversion. The following were identified as barriers to being granted diversion: identifying as Aboriginal and/or Torres Strait Islander, having substance use problems, prior offending, and no record of prior diversion. Reoffending rates were high for this group overall, with 60.8% having at least one finalized charge for a further offence within 12 months, but those granted mental health diversion had a significantly reduced rate of such reoffending. Notably, young people were significantly less likely to reoffend, even after adjustment for a range of other covariates. Patterns of post-diversion mental health service contact will also be presented for those diverted compared to those not granted diversion. In general, these results suggest worryingly low rates of timely post-diversion health contact (i.e., within one week), with 22% for those granted a community-based diversion and 62% of those granted inpatient-based diversion receiving timely health service contact. We will also present factors associated with receiving timely mental health service contact (i.e., within one week) and associations between health service contact and reoffending. Implications of these findings, including the need to address barriers for mental health court diversion for young people and insight into future service developments, will be discussed.

Barriers to Mental Health Court Diversion, and Relative Outcomes, for First Nations Peoples in New South Wales

Elizabeth McEntyre - Independent Aboriginal-Led Research Consultant

Georgia Lyons - University of New South Wales

Yin-Lan Soon - University of New South Wales

As identified in studies of adults and young people found eligible for mental health court diversion in NSW, those of Aboriginal and/or Torres Strait Islander background are both less likely to be granted diversion and more likely to experience repeat contact with the criminal justice system following court diversion. While an effective mental health court diversion service has the potential to play a part in addressing the appalling level of hyperincarceration amongst First Nations Peoples, these findings suggest improvements are urgently needed, both to reduce the barriers to diversion and improve post-diversion outcomes. In this presentation, a detailed examination of the factors influencing access to mental health court diversion and outcomes for Aboriginal and/or Torres Strait Islander people, utilizing quantitative and qualitative methodologies.

Can we reduce the burden of crime by addressing the mental health needs of those with serious mental illnesses?

Tony Butler - University of New South Wales

Nabila Chowdhury - University of New South Wales

Psychosis is a recognised risk factor for criminal offending -- particularly violent offending -- causing significant health, safety, and economic concerns for the community. To examine the nexus between offending and psychosis, we undertook a population level data-linkage study covering the period 2001 to 2015, followed by an updated linkage from 2001 to 2020. Results identified a strong association in the cohort of over 80,000 between a diagnosis of psychosis as determined in the state's hospital system and offending behaviour. Those with a diagnosis of psychosis committed approximately 10% of all crimes in NSW between 2001 and 2015 suggesting that addressing the needs (including treatment) of this group could have a major role to play in efforts to reduce the overall burden of offending. The rate of reoffending was 12% lower in offenders with psychosis who received a treatment order in the courts under Section 32/33 of the Mental Health Act than those who received a punitive sanction (e.g., fine, bond). We also found that early and more frequent contact with mental health services following an offence reduced the risk of reoffending by 17% in the two-year follow-up compared with those who had no clinical contact. Men with 5 or more contacts with mental health services within 30 days following an offence had a 30% reduction in reoffending compared with those with no clinical contact. This presentation provides an overview of these findings along with results from other adjunct studies in the context of efforts to reduce offending in NSW.

14:00 - 15:10

Room C3.5 Tailoring treatments/Responsivity

Chair: V.Gupta

Session 4 Paper Presentation: Young people in contact with the Justice System

1422924 Identifying Risk and Need in Children and Young People Who Set Fires

Joanna E. Foster - Fabtic

Firesetting by children is a common, costly and complex problem that is most effectively addressed by two distinct types of intervention: fire safety education and psychosocial interventions. Yet the use of standardised risk assessment tools to help identify which response best meets a child's presenting needs is largely absent in frontline practice. This paper will explore the findings of a 2020 UK firesetting study that identified how such absences in assessment lead to inconsistencies in service provision and decision-making based predominantly in practitioner experience, training and unstructured judgement. The implications for firesetting intervention practices and policies will also be discussed.

Session 4 Paper Presentation: Young people in contact with the Justice System

1423416 The emotional-executive dysfunctions in juvenile psychopathy

Lukasz Barwinski - Institute of Forensic Research in Krakow; Andrzej Frycz Modrzewski Krakow University

Numerous reports indicate the role of emotional-executive dysfunctions in the mechanism explaining adult psychopathy, concerning difficulties in identifying emotional expressions and processing peripheral affective information, affecting regulation and control of behavior. The research was carried out in a group of 90 juveniles aiming to find if these relate also to adolescence. The results showed that higher psychopathic traits were related to reduced efficiency in recognizing emotional expressions, and the much lesser interference effect in the emotional Stroop task. It supports the assumptions of theoretical proposals and suggest possible developmental nature of psychopathy based on the misuse of emotional cues.

Session 4 Paper Presentation: Young people in contact with the Justice System

1421895 Informal Social Control Mediators of Youth Features of Psychopathy and Persistent Offending: A Cumulative Disadvantage Perspective

Evan McCuish - Simon Fraser University

Features of psychopathy early in the life course are associated with persistent offending in adulthood. However, features of psychopathy early in the life course are also malleable, leaving open questions about why features of psychopathy influence persistent offending. As a step towards explaining the link between psychopathy and persistent offending, the current study uses data from the Incarcerated Serious and Violent Young Offender Study (n = 518) to examine whether positive sources of informal social control (e.g., employment, intimate relationships) in emerging adulthood, mediates the relationship between test scores on the Psychopathy Checklist: Youth Version and persistent offending.

Session 4 Paper Presentation: Young people in contact with the Justice System

1422575 Developing a web-based application for non-mental health specialists to assess young people in forensic services

Michael Doyle - University of Huddersfield

Recent research suggests a high demand on specialist mental health services for Children and Young People (CYP) in the UK with increasing numbers ending up in forensic services. Non Mental-Health Nurses and Allied Health Professionals working in forensic services are well placed to provide screening and assessments of CYP. An app known as the HAMHA: Huddersfield App for Mental Health Assessment was constructed for non-mental health nurses and AHPs to assess the mental health needs and risks of CYP. The findings from the project, potential clinical applications in forensic services and further research planned and underway will be presented.

14:00 - 15:10	Room C3.6 Challenges to care and emerging solutions
<p>Session 5 Symposium: 1415317: Between a Rock and a Hard Place: Embedding Forensic Mental Health into Public Mental Health Services Chair: Katie L. McKibbin - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health, Melbourne, Australia</p> <p>Traditionally forensic mental health services have been provided through distinct specialist services aligned with the criminal justice system and segregated from public mental health services. Whilst this has allowed for forensic mental health to become specialised, the two systems have become disconnected and expertise siloed. Public mental health services have lost confidence with 'forensic' patients whilst the criminal justice system struggle to penetrate the complexity of public mental health systems. This symposium explores the benefits, challenges and learnings of embedding a forensic mental health team in a public mental health service to patients, colleagues and the service more broadly.</p> <p>Between a Rock and a Hard Place: Embedding Forensic Mental Health into Public Mental Health Services. Katie L. McKibbin - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health, Melbourne, Australia</p> <p>Traditionally forensic mental health services have been provided through distinct specialist services aligned with the criminal justice system and segregated from public mental health services. Whilst this has allowed for forensic mental health to become specialised, the two systems have become disconnected and expertise siloed. Public mental health services have lost confidence with 'forensic' patients whilst the criminal justice system struggle to penetrate the complexity of public mental health systems. This symposium explores the benefits, challenges and learnings of embedding a forensic mental health team in a public mental health service to patients, colleagues and the service more broadly.</p> <p>The Inception and expansion of a forensic mental health team in a public mental health service. Barriers, benefits, and possibilities. Glenn Batterle - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health, Melbourne, Australia Christina Clarke - Monash Health</p> <p>With the advent of Service System Enhancement (SSEs) teams as part of the introduction of the Victorian Threat Assessment Centre (VFTAC) in 2018, two Public Mental Health Services (PMHS) were provided funding to create teams with forensic risk assessment expertise. Though the SSE teams were operationally located within a specific PMHS, their remit was to provide a service state-wide to all PMHS within Victoria. This paper aims to describe the process of how one SSE team was created, what existing forensic expertise and relationships were utilised in its creation and how the team has developed over 4 years. Particular attention will be paid to the benefits and problems of locating a forensic team within AMHS, the requirements of upskilling and training a suitable team and reflections on future scope and direction.</p> <p>Sitting in the grey area: coordination of mental health intervention for individuals identified as at risk for grievance-fuelled violence Christina Clarke - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health, Melbourne, Australia Katie McKibbin - MHFACT, Monash Health</p>	

Disconnects between mental health and criminal justice services and the consequent siloing of information have been identified as critical barriers to effective intervention in cases of lone-actor grievance fuelled violence cases. Leakage, and various other warning signs, are frequently identified in retrospective reviews of catastrophic incidents; with family, friends and professional services often privy to increasing risk. Unfortunately, systemic failures in the sharing of this knowledge commonly occur, resulting in missed opportunity for early intervention and risk mitigation. Furthermore, this information is often held by services and agencies that lack the knowledge or expertise required to interpret and apply it to the bigger risk picture. In response to this, the Mental Health Forensic Assessment and Consultation Team (MHFACT) have adopted an operational model that strives to not only support the sharing of vital information, but also foster collaborative, holistic approaches to treatment and care. Through the embedding of specialist forensic clinicians within a public mental health service, MHFACT are able to utilise these critical skills to optimise both our client's reintegration into the community and overall mental health recovery trajectory.

Forensic psychiatrists in general psychiatric services

Jacqueline Rakov - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health, Melbourne, Australia

Forensic psychiatry has some universality in the practice of its subspecialty no matter the healthcare or justice system it sits within. Ultimately, forensic psychiatry's purpose is the care and treatment of mentally disordered offenders and others requiring similar services, including risk assessment and management, and the prevention of future victimisation. With prisons becoming the largest mental health care providers in the country as a result of deinstitutionalisation, the majority of these patients will eventually reach public mental health services where they are cared for by general psychiatric staff. There is yet to be a standalone department of forensic psychiatry in a public mental health service, akin to consultation-liaison psychiatry, child and adolescent psychiatry or old-age psychiatry. The greatest challenges in the advancement of sub-specialties in psychiatry lie in their relationship to general psychiatry and not wanting to erode generalists of necessary skills. The Forensic team at Monash Health has identified already active and potential roles for such a department to be embedded into a public mental health service. An in-house forensic psychiatric service enhances the provision of care and skill building in peers including risk assessment and risk management; violence perpetrated towards and by those with mental illness and its management; assessment, treatment and management of patients with paraphilias and stalking behaviours; personality disorders and their role in offending; and general education and training of mental health staff.

Staff safety through the development of innovative policies and procedures within a Public Mental Health Service

Calvin Jutasi - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health, Melbourne, Australia

Katie McKibbin - Mental Health Forensic Assessment and Consultation Team (MHFACT), Monash Health

Glenn Batterley - Mental Health Forensic Assessment and Consultation Team (MHFACT),

The development and application of policies and procedures has been fundamental within Public Mental Health Services (PMHS) over the last decade. In recent years there has been increased attention on patient safety on psychiatric inpatient units which has led to the development of least restrictive interventions, Safewards and gender specific units. Despite international literature suggesting workplace violence in acute psychiatric inpatient units as a significant issue, there has been less focus on staff safety due to various reasons, i.e. culture and acceptance as part of the job, poor organisational responses and support, and lack of organisational policies that encompass the

different types of risks experienced by their employees. The Forensic team at Monash Health has identified deficits and gaps within the organisation, and have taken a lead role in the development of initiatives, policies and procedures that are aimed at increasing staff awareness and safety. These include a stalking procedure, managing referrals received from prison and sexual safety of staff on acute inpatient units. The aim of this paper is to highlight the significance of embedding a forensic team within a PMHS to improve overall staff safety through the development of innovative policies and procedures, that guide and support organisations and employees to maintain their well-being.

14:00-15:10	Cockle Bay Room
<p>Session 49 Symposium: 1417464 Can Virtual Reality technology increase learning and therapeutic effect when used in forensic interventions Chair: Märta Wallinius - Research Department, Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden</p> <p>Virtual Reality (VR) technology has gained increased recognition as an assessment and therapeutic tool with potential to increased ecological validity of interventions in forensic and psychiatric settings. However, further evidence is needed before large-scale clinical implementation of this technology in forensic settings can be successfully delivered. This symposium will present brand new findings from pilot studies on VR-assisted aggression treatment in both forensic psychiatry and prison services, along with results on a newly developed, VR-assisted paranoia assessment for forensic psychiatric patients with psychotic disorders. The results will be put in context of forensic settings worldwide.</p> <p>An overview of Virtual Reality interventions in forensic settings Märta Wallinius - Research Department, Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden</p> <p>The symposium will be introduced with a brief overview of the field concerning Virtual Reality interventions in forensic settings. Results from recent systematic reviews on VR interventions in forensic and adjacent settings (e.g., Sygel & Wallinius, 2021; Geraets, Wallinius & Sygel, 2022) along with current knowledge on implementation of eHealth interventions in forensic settings (e.g., Kip, 2021; Kip, Oberschmidt & Bierbooms, 2021) will provide a framework for the presentations within this symposium.</p> <p>Experiences from VR-assisted Aggression Treatment in Forensic Psychiatry: The voice of Patients, Therapists and Staff Fernando Gonzalez Moraga - Lund University Sean Perrin - Department of Psychology, Lund University Pia Enebrink - Department of Psychology, Karolinska Institute Kristina Sygel - National Board of Forensic Medicine; Gothenburg University Wim Veling - University Center of Psychiatry, University of Groningen Märta Wallinius - Research Department, Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden</p>	

Treating mentally disordered offenders (MDOs) is challenging as their behaviors and clinical status can be traced to a complex constellation of major mental disorders, antisocial lifestyle, substance use, a high degree of impulsivity and / or lack of empathy (Krona et al., 2021; Lobbestael et al., 2015). Also, MDOs constitute a particularly vulnerable group in society (Munthe et al., 2010; Völlm et al., 2016). Aggression are central management considerations in forensic psychiatric inpatient settings (Gatner et al., 2021). However, there is a scarcity of evidence-based interventions for aggression in forensic settings (González Moraga et al., 2022; Howner et al., 2018). A new treatment for aggression using Virtual Reality (VR), Virtual Reality Aggression Prevention Training (VRAPT; Klein Tunte et al., 2018), was developed to provide realistic and safe environments for patients to practice aggression management. In its current, revised version (3.0), VRAPT is conceptualized as a cognitive behavioral therapy with its theoretical background in the General Aggression Model. This presentation provides data from a qualitative pilot study on VRAPT 3.0, aimed to further develop the method. Participants, N = 7 forensic psychiatric inpatients, N = 5 VRAPT therapists, and N = 7 ward staff, all recruited from a high-security forensic psychiatric clinic in Sweden, were interviewed on their experiences of VRAPT and consequences, opportunities and challenges in forensic psychiatry thereto related. Given the heterogeneity of the sample, the presentation will provide researchers and clinicians with increased knowledge on how the VRAPT may, and may not, be implemented in forensic settings.

Virtual Reality Treatment in Violent Offenders. A Pilot Study of Virtual Reality Aggression Prevention Training (VRAPT) in the Swedish Prison and Probation Service

David Ivarsson - Swedish prison and probation services and Lund University

Carl Delfin - Lund University

Pia Enebrink - Department of Psychology, Karolinska Institute;

Märta Wallinius - Research Department, Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden

Offenders in forensic institutions constitute a heterogeneous group with multifaceted problems such as crime, aggression, substance abuse and psychiatric disorders (Fazel et al., 2016; Ståhlberg et al., 2010; Wallinius et al., 2012). Key components in offender treatment are behavioral skills training through role-plays (Jolliffe & Farrington, 2009; Papalia et al., 2019). For practical and safety reasons, it is difficult to create individually tailored practice situations within the forensic context. The skills training is therefore hampered, presumably affecting the offenders' rehabilitation back to society. Virtual Reality as a complement to treatment programs, creates opportunities for both adapted treatment (Ticknor, 2019) and controlled research (Ticknor & Tillinghast, 2011). Virtual Reality Aggression Prevention Training (VRAPT) is a newly developed VR-facilitated treatment focusing on the forensic context (Klein Tunte et al., 2018, 2020). This presentation provides results from a case series pilot study of VRAPT, targeting violent offenders (N=14) within the Swedish prison setting. Inclusion criteria were: 1) sentenced to a prison sentence, 2) increased risk of criminal recidivism, 3) need for treatment of aggression. The study aims to answer the questions; how does VRAPT affect emotion regulation abilities, aggression, and strategies in imprisoned, violent offenders? Which important confounders (e.g., presence in the virtual environment, psychosocial background, psychiatric characteristics, pro-criminal attitudes, and prevalence of other externalizing behaviors including substance use) influence VRAPT's outcome for violent offenders? Results presented at the conference provide information on treatment impact on target group and feasibility of VR-assisted aggression treatment within a prison context.

VR Scenarios for assessing Psychotic Symptoms: Feasibility, Acceptability and User Experiences with complex Forensic Psychiatric Inpatients (to be presented by Märta Wallinius)

Richard Hedström - Research and Development Unit, Regional Forensic Psychiatric Clinic, Växjö, Sweden

Märta Wallinius - Research Department, Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden
 Kristina Sygel - Department of Forensic Psychiatry, National Board of Forensic Medicine, Stockholm, Sweden
 Chris Geraets - University Medical Center Groningen, Department of Psychiatry, Groningen; Regional Forensic Psychiatric Clinic in Växjö

This presentation will discuss results from a mixed-methods pilot study, evaluating an assessment model of paranoid ideations through VR-scenarios. Virtual Reality (VR) has been proposed as an ecologically valid method for assessing paranoia, especially for high-security forensic settings (Freeman et al., 2017), as well as a to analyze real-time information on social perception and paranoid ideations (Rus-Calafell & Schneider, 2020). Our study investigates clinicians' observations of patient behavior and patients' self-reported reactions in VR, as they relate to clinical interviews and self-report measures. N=10 forensic psychiatric inpatients, with a wide range of severity in psychotic symptoms, comorbidities, and psychiatric treatment histories ranging from <1 to 35 years in inpatient care, were included. Patients were guided through two VR scenarios, followed by semi-structured interviews and instruments measuring paranoid ideations, positive psychotic symptoms, and social anxiety. An interview with the participating clinician was conducted to integrate their perspectives on feasibility and clinical relevance. In qualitative analyses of interviews, categories concerning patient-clinician communication, technological challenges and validity of VR-assisted assessment of paranoia were discerned. The clinical benefit of VR-assisted assessment of paranoia was, in our sample, the most obvious for psychotic patients reluctant to participate in standard clinical interviews.

Sessions 6 – 10 & 52 [15:40 – 16:50]

15:40-16:50	Room C3.2 Forensic Mental Health Treatment
<p>Chair: V. Gupta</p> <p><u>Session 6 Paper Presentation: Physical Health</u></p> <p>1421634 Improving the Physical Health of Forensic Psychiatric Inpatients with targeted structured Health Dialogues Mikael Wibom - Regional forensic psychiatry clinic, Växjö, Sweden</p> <p>Forensic psychiatric patients experience poor physical health and premature mortality, where modifiable lifestyle risk factors e.g. tobacco smoking, poor nutrition, low cardiorespiratory fitness, and physical inactivity contributes significantly . Lifestyle interventions can reduce cardiometabolic risk and confer other positive mental and physical health benefits. The Swedish model for targeted health dialogues systematically address health and risk factors for cardiovascular disease in a structured way. This presentation describes targeted structured health dialogues as a model to improve lifestyle habits, metabolic factors (lower blood pressure, cholesterol levels, fasting blood glucose and BMI) and quality of life in a forensic psychiatric high-security clinic.</p>	

Session 6 Paper Presentation: Physical Health

1422559 The prevalence and determinants of cardiometabolic disease among forensic patients in secure settings

Trevor Ma - Justice Health and Forensic Mental Health Network

The aim of this study was to measure the prevalence and determinants of cardiometabolic disease in people with psychotic disorders in secure settings and compare these to people with psychotic disorders in the community. A systematic review determined the prevalence of cardiometabolic disease indicators in people with psychotic disorders in secure settings were higher compared to the general population. Data the Forensic Mental Health Patient Survey were directly compared to a sample from the second Australian National Survey of High Impact Psychosis. Forensic patients had a lower prevalence of hypertension and metabolic syndrome compared to a community-based psychosis sample.

Session 6 Paper Presentation: Physical Health

1417407 Staff perspectives on obesity within a Welsh secure psychiatric inpatient setting

Joseph L. Davies - Cardiff Metropolitan University

Ruth Bagshaw - National Health Service Wales

Andrew Watt - Cardiff Metropolitan University

Paul Hewlett - Cardiff Metropolitan University

Heidi Seage - Cardiff Metropolitan University

This study aimed to understand the perceived causes and consequences of weight gain within a secure inpatient service in Wales. A purposive sample of 12 staff members were interviewed. Interviews were transcribed verbatim and analysed using thematic analysis. Three themes were identified, including: (1) increasing demand for integrated physical health care, (2) unhealthy lifestyles, and (3) weight gain viewed as a symptom of poor mental health. It is a unique insight into the factors that contribute to obesity in a Welsh secure unit and adds to current understanding of the challenges of improving weight management services within this sector.

Session 6 Paper Presentation: Physical Health

1421513 Cholesterol and Risk of Violence: A Study of Forensic Inpatients with Psychosis, Personality Disorder or Comorbid Psychosis and Personality Disorder

Piyal Sen - Elysium Healthcare and Brunel University

Veena Kumari - Brunel University and King's College, London

Mehr-Un-Nisa Waheed - King's College London

Fern Taylor - King's College London

Rebecca Mottram - King's College London

A link between low total cholesterol (TC) and violence in people with schizophrenia has been highlighted, most recently in a systematic review. The present study investigated this link in forensic inpatients diagnosed with either schizophrenia alone, personality disorder alone, or co-morbid diagnosis. Results found lower mean TC levels across the whole sample (4.57 mmol/l, SD=1.09) compared to the UK average (5.7 mmol/l). Lower TC significantly correlated with more time on increased observations and seclusion across both sexes, evidencing the relationship between lower TC and increased violence. Low TC shows promise as an item for inclusion in violence risk assessment instruments.

15:40 - 16:50	Room C3.3 Forensic Services and Program
<p>Session 7 Symposium: 1421436 - The Faces and Phases of Community Re-Integration of Forensic ID Clients</p> <p>Forensic ID client presentation is varied on multiple levels; cognitive and functional capabilities, co-morbidities and forensic histories and therefore their needs and supports required are vastly different. Although forensic ID clients experience many differences, like each one of us, a universal question they too can get asked is “What do you do for a living?”</p> <p>This presentation through a case study will examine the meaning of community re-integration for people with a forensics intellectual disability and psychiatric disability. This presentation examines the accomplishments, barriers, and challenges faced by ID forensic clients in reintegrating into their communities.</p> <p>Overview of ID forensic clients Devika Judd - Forensics Intellectual Disability Services</p> <p>Comparing the varied presentation of forensics ID (intellectual disability) clients: their forensic background, co-morbidities, cognitive and functional capabilities and therapeutic needs. 2 cases will be compared, similarities and differences will be discussed along with discussing the meaning of community re-intergration for these clients. Case Study 1: ID + Substance induced psychosis. Case Study 2: ID + Epilepsy</p> <p>Therapy Options Amandeep Kaur - Forensics Intellectual Disability Services</p> <p>MDT interventions and need for collaborative practices with clinical, vocational and residential facilities will be presented. Psychiatric interventions, staff education, and support developing safety plans to assist with community re-intergration for ID clients will be discussed.</p> <p>Barriers to community re-intergration Joy Kunjuman - Forensics Intellectual Disability Services</p> <p>While community intergration is the ultimate goal for ID forensic clients, same is not attainable for a number of reasons: degree of cognitive and functional capabilities, limited community neighbors and service partners to offer work placements for ID clients, gaps in policy in terms of funding and lack of trained staff in the ID sector.</p>	

15:40 - 16:50	Room C3.4 Forensic Assessment
<p>Session 8 Paper Presentation: Forensic Assessment Chair: M. Daffern</p> <p>1423006 Profiling (Geographic and Psychological) in Body Disposal Cases - An Interdisciplinary Approach Andrew Ellis - University of New South Wales ; Justice Health and Forensic Mental Health Network Bianca Spaccavento - Charles Sturt University Philip Birch - School of International Studies and Education, University of Technology, Sydney Adam Marsden - Australian Federal Police</p>	

Sharon Klamer - Australian Federal Police
 Abby Molloy - Charles Sturt University
 Julie Berger McMurray - Charles Sturt University

A significant issue perplexing law enforcement authorities, judicial processes, and bereaved families alike is that of 'no-body homicides' - homicides in which bodies of the deceased are removed from the crime scene and concealed from discovery. This paper details a program of research to enhance detection of missing homicide victims. Psychological features and body disposals of historical homicide offenders will be compared with existing geographic profiling techniques used to more accurately predict decisions offenders make to move and conceal homicide victims, being placed to focus investigations and minimise resources in searching for missing victims.

Session 8 Paper Presentation: Forensic Assessment

1423273 Use of the Cultural Formulation Interview (CFI) in a forensic mental health setting

Treena Wilkie - Centre for Addiction and Mental Health / University of Toronto
 Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto
 Suraya Faziluddin - Centre for Addiction and Mental Health / University of Toronto
 Colin Chu - Centre for Addiction and Mental Health / University of Toronto
 Lucy Guan - University of Toronto

There is increased recognition of the importance of culturally-informed assessments and treatment plans in forensic services. At a Canadian academic forensic hospital, within changes of a broader model of care, the Cultural Formulation Interview (CFI) was implemented for patients under the auspices of the provincial review board. In this paper, we present the perspectives of social workers, patients and family members regarding their experience of completing the CFI through a thematic analysis from focus groups and interviews. We also report a content analysis of CFIs completed within the first year of implementation.

Session 8 Paper Presentation: Forensic Assessment

1415351 Lessons from the 2020 Nova Scotia Mass Casualty Public Inquiry : Applying Best Practices to the Evaluation of Psychological Assessment

Kristy A. Martire - University of New South Wales
 Tess M.S. Neal - Arizona State University

How do we know if a psychological assessment is scientifically credible and can be relied upon? This is a fundamentally important question. It is also the question that faced the Joint Federal/Provincial Commission into the April 2020 Nova Scotia Mass Casualty. In this presentation we describe a procedure developed to assist the Commission in evaluating the scientific credibility of a specific psychological autopsy. Our process involved distilling decades of critical scholarship in clinical and forensic psychology, as well as fundamental and forensic science, to identify best practices for rigorous psychological assessments.

Session 8 Paper Presentation: Forensic Assessment

1405425 The Assessment of Conscience

Julia Tiemersma - University of Amsterdam

The assessment of conscience is important in clinical forensic practice and court-ordered assessment addressing psycho-legal questions. In this presentation a new instrument for conscience assessment is introduced. The instrument is based on a structured clinical judgment approach and guides the assessor in describing the conscience of the client. The report helps indicate treatment goals in forensic healthcare or advising on criminal accountability. The psychometric properties of the instrument are discussed and a case study is presented to illustrate the instrument from a clinical perspective. Attendees will have a clear understanding of how the conscience can be operationalized in clinical practice.

15:40 - 16:50

Room C3.5 Tailoring treatments/ Responsivity

Session 9 Symposium: 1421193 Mental health and criminal justice in context: A person-centred approach

Chair: Stuart Kinner - School of Population Health, Curtin University

Forensic mental health systems in many countries are undergoing a period of rapid reform, driven in part by growing recognition of the need for coordinated, multi-sectoral, continuous care for justice-involved people with complex needs. People with lived experience of the forensic mental health system are, increasingly, driving and co-designing these reforms. In this symposium we will describe reform activities funded by the Mental Health Commissions of Canada and Australia, and discuss the pivotal role of lived experience expertise in these projects. We will conclude with a facilitated panel and audience discussion, considering the importance of measurable standards for driving reform.

Complexity, coordination, and continuity of care: Forensic mental health in context

Stuart Kinner - School of Population Health, Curtin University

People who experience incarceration are distinguished by a high prevalence of complex, co-occurring health conditions including mental illness, substance dependence, cognitive impairment, infectious disease, and chronic non-communicable disease. This concentrated health burden necessitates a coordinated, multi-sectoral treatment response in which forensic mental healthcare is one important element. Amassing evidence of poor health and criminal justice outcomes after release from incarceration underscores the critical importance of continuity of care as people make the difficult transition from custody back to the community. Improving the long-term health trajectories of people who experience incarceration is central to reducing health inequalities at the population level: prison health is public health. Appropriate, measurable standards for healthcare - including mental healthcare - in custodial settings is important to driving reform and ensuring quality, coordinated care. Routine, independent monitoring to assess performance against these standards is pivotal: what gets counted gets done. Development and delivery of comprehensive, evidence-based transitional and post-release support - at a scale proportionate to need - is essential to achieving sustained improvements in the mental and physical health of people released from custody. Opportunities exist to improve the quality and impact of forensic mental health services through (a) development of and routine reporting against measurable standards that are compliant with human rights obligations and informed by people with lived experience of the system, (b) improved integration of forensic mental health with other elements of custodial healthcare, (c) increased investment in coordinated, multi-sectoral transitional support, and (d) building the evidence base through rigorous, independent research.

Mental health and criminal justice in Canada

Sandra Koppert - Mental Health Commission of Canada

Krystal Kelly - Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) is leading the development of a National Action Plan (NAP) designed to support the mental health and well-being of people who interact with Canada's criminal justice system. This initiative was inspired by continuous calls to take action on decades-old efforts to produce meaningful change, and it is supported by leaders and experts in mental health and criminal justice and by people with lived and living experience of criminal justice involvement and mental health concerns or mental illnesses. The three main priorities of the NAP are upstream prevention and early intervention, supporting mental health across the continuum of criminal justice involvement, and structure, law reform, and system transformation. The NAP will also focus on Indigenous Peoples and other priority populations, broader societal issues and the current social environment, health equity, reducing stigma, and shifting public perceptions. This presentation will include a brief overview of the development and guiding principles of the NAP, the MHCC's engagement strategy to inform the NAP, and some preliminary findings on issues, gaps, and promising practices that have been identified, with a focus on parallel issues and themes in Canada and Australia (e.g., stigma, the need for effective engagement and co-design with persons with lived and living experience, system transformation, etc.).

Forensic mental healthcare and standards: In need of embedded lived experience expertise

Louise Southalan - Justice Health Unit, Curtin University

Margaret Doherty - Mental Health Matters 2 Ltd

Forensic mental health services and standards in Australia have developed on a different trajectory to other mental health services and standards. One obvious difference is that mental health services in justice settings lack national standards and a national framework for measuring good care and outcomes. Another notable difference is the absence of a national approach or commitment to embedding lived experience expertise to improve mental health services in justice settings. This presentation discusses the connections between these two gaps, and what taking a contemporary approach to embedding lived experience expertise would mean in the reform of forensic mental health in Australia. It will draw on insights from a 2022 National Mental Health Commission-funded national consultation on principles for forensic mental health in Australia. One clear finding from this consultation was that justice-involved people and their family members are less interested in what standards say and more concerned about how they are practiced and monitored. The presentation will also discuss what constitutes lived experience expertise and effective engagement with justice-involved people. Several key questions will be considered, including how best to: • facilitate effective engagement with people who have often experienced significant stigma and discrimination in this area; • respectfully hold the inherent tension in seeking input to what people may view as a theoretical element - such as standards - while respecting their need to urgently address real injustices. The presentation will also discuss the 'warm engagement' approach developed by Mental Health Matters 2 Ltd to help address these issues.

Forensic mental healthcare and standards: In need of embedded lived experience expertise

Margaret P. Doherty - Mental Health Matters 2 Ltd

Forensic mental health services and standards in Australia have developed on a different trajectory to other mental health services and standards. One obvious difference is that mental health services in justice settings lack national standards and a national framework for measuring good care and outcomes. Another notable difference is the absence of a national approach or commitment to embedding lived experience expertise to improve mental health services in justice settings. This presentation discusses the connections between these two gaps, and what taking a contemporary approach to embedding lived experience expertise would mean in the reform of forensic mental health in Australia. It will draw on insights from a 2022 National Mental Health Commission-funded national

consultation on principles for forensic mental health in Australia. One clear finding from this consultation was that justice-involved people and their family members are less interested in what standards say and more concerned about how they are practiced and monitored. The presentation will also discuss what constitutes lived experience expertise and effective engagement with justice-involved people. Several key questions will be considered, including how best to:

- facilitate effective engagement with people who have often experienced significant stigma and discrimination in this area;
- respectfully hold the inherent tension in seeking input to what people may view as a theoretical element - such as standards - while respecting their need to urgently address real injustices.

The presentation will also discuss the 'warm engagement' approach developed by Mental Health Matters 2 Ltd to help address these issues.

15:40 - 16:50	Room C3.6 Challenges to care and emerging solutions
<p>Chair: M. Harrison</p> <p><u>Session 10 Paper Presentation: Education and Training</u></p> <p>1420956 Teaching foundational forensic skills through simulated learning Anita McGregor - University of New South Wales Kylie Finlayson - University of New South Wales</p> <p>Review of several simulated learning tasks that aid forensic practitioners to gain confidence and competence in managing both foundational skills, as well as high impact, low incidence situations. Discussion of the development of the simulated learning tasks, as well as how the tasks were implemented into a forensic psychology program to aid in the determination of when students were able to more autonomously work with forensic clients. An overview of several different types of simulated learning tasks will be presented.</p>	
<p><u>Session 10 Paper Presentation: Education and Training</u></p> <p>1422570 Throwing the baby out with the bathwater: The relevance of forensic psychotherapy to modern forensic psychiatric practice Daniel Riordan - Justice Health and Forensic Mental Health Network; University of New South Wales</p> <p>Forensic Psychotherapy has its roots in forensic psychiatry and psychoanalysis. Psychoanalysis has become somewhat marginalised in general psychiatric practice. This paper describes the relevance forensic psychotherapy has in the assessment and treatment of mentally disordered offender patients, and its role in the supervision of therapists, staff groups and organisations which contain and manage this patient population.</p>	
<p><u>Session 10 Paper Presentation: Education and Training</u></p> <p>1423114 The Great Divide: Is Evidence-Based Forensic Practice Even Possible? Michael R. Davis - Michael Davis Forensic Psychology Pty Ltd</p> <p>Forensic psychology and psychiatry are clinical disciplines with an ever-growing scientific evidence-base. Given the potential legal consequences of their opinions, it is crucial that forensic mental health professionals ground their analyses in scientific evidence. This paper will argue that there is an</p>	

unavoidably tremendous divide between academics and practitioners with very few individuals that will ever be experts in both areas. This results in many scientifically interesting papers that have little practical utility, along with a clinical workforce who read very little of the available evidence. This paper will explore and propose suggestions for bridging this great divide.

Session 10 Paper Presentation: Education and Training

1418992 Trauma informed staff supervision

Jason Davies - Swansea University, UK

Lawrence Jones - Rampton Hospital, Nottinghamshire Healthcare NHS Foundation trust

The importance of attending to childhood adversity and delivering trauma informed care is being recognised within criminal justice and forensic mental health services. In particular, there has been a focus on the role such experiences might play for those detained within or receiving care and treatment from such services. This paper argues that recognising and responding to possible experiences of trauma amongst staff members is equally important if services are to be maximally effective. To achieve this goal, this paper will introduce the "trauma pentad model" and will describe the ways in which this might be embedded within staff supervision.

15:40 - 16:50

Cockle Bay Room

Chair: C. Matthews

Session 52 Paper Presentation: Intimate Partner Violence and broader gender issues

1419577 The mental healthcare use of women who perpetrate intimate partner abuse: a case-linkage study

Madeleine Brygel - Swinburne University

Troy McEwan - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health

Benjamin Spivak - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health

Limited attention has been paid to the mental health service use of women who perpetrate intimate partner abuse. This research sought to investigate associations between female-perpetrated intimate partner abuse and rates of mental health service utilisation. Victoria Police records of 268 incidents of female-perpetrated intimate partner abuse, between 2016 - 2018, were linked to public and private mental health service records. Differences in rates of mental health service use were compared according to age, history and severity of IPA perpetration, and history of general crime perpetration. Cases were also compared to general population controls, matched by gender and age.

Session 52 Paper Presentation: Intimate Partner Violence and broader gender issues

"Just conned by the boys!": The role of gender in shaping social attitudes towards, and legal arguments within, the prosecution of repatriated ISIS brides

Mark Nolan - Centre for Law and Justice, Contemporary Threats to Australian Security research group, Charles Sturt University

Kiriloi Ingram, Contemporary Threats to Australian Security research group, Australian Graduate School of Policing and Security, Charles Sturt University

In October 2022, the Australian Government repatriated four women and 13 children from the Al Roj camp in Syria as the first in what is thought to be multiple attempts to repatriate "ISIS brides" and their children to Australia. This paper will examine what we know to date from media reporting, and any available legal records, of the event leading up to the arrest in January 2023 of repatriated ISIS bride Mariam Raad who is currently facing charges in Australia of entering or remaining in an area controlled by ISIS in Syria in 2014. It argues that gendered assumptions have shaped national security responses to Australia's "ISIS brides" and are likely to impact repatriation process and legal arguments. To demonstrate this, the nature of the offences charged, media discussion of the circumstances of Raad entering the declared area, possible legal defences, the emerging role of gender in the shaping of social attitudes towards the decision to prosecute Raad, and, the likely impact of gender in other relevant legal arguments will be anticipated. Literature on benevolent sexism and attribution of agency and responsibility to women who offend (see Viki, Abrams and Masser, 2004) will be used as one way to make sense of the some of the social and legal construction of the legal responsibility of ISIS brides charged with offences after being repatriated to Australia. General comments on the psychosocial impact of this repatriation decision and likely mental health support needed will be flagged, with reference to the proceedings of other nations such as the United States, Germany, the Netherlands, and Belgium.

Session 52 Paper Presentation: Intimate Partner Violence and broader gender issues

1402998 Changes over time in intimate partner homicide in Norway

Solveig K B Vatnar - Oslo University Hospital
Christine Friestad - Oslo University Hospital
Stål Bjørkly - Molde University College

Intimate partner homicide (IPH) is an extreme outcome of intimate partner violence (IPV). IPH needs to be investigated over time to see whether changes occur. This study includes the total Norwegian cohort of IPHs between 1990 and 2020 and analyses changes in the incidence rate during this period. Poisson regression was applied. The results show that though incidence rates for homicide generally declined steadily and significantly from 1990, IPH rates did not begin to decline until 2015. As IPH is often the culmination of IPV, it is preventable even if risk assessment is challenging due to the low base rates.

Sessions 11 – 15 [17:00 – 18:10]

17:00 - 18:10	Room C3.2 Forensic Mental Health Treatment
Chair: M. Daffern	
<u>Session 11 Paper Presentation: Psychological and Pharmacological Treatments</u>	
1421406 Specialist psychological therapy in community forensic mental health: Meeting the unmet need	
Susan Boyce - CFOS Therapy Service, ANZAPPL Tim Lowry - APS Forensic College Natalie Avery - APS Forensic College	

Katrina Chiu - ANZAPPL
Courtney Whitehead - APS

General community mental health services are increasingly tasked with managing complex consumer populations, including those presenting with problematic and offending behaviours (e.g., stalking, sexual violence/deviance, fire-setting, violent ideation/threats). Such behaviours may be driven by mental disorder, criminogenic, and/or other factors. However, these community services are often under-resourced to manage and effectively treat these behaviours, and access to specialist psychological therapy is often limited. This paper discusses a novel specialist forensic psychological intervention service introduced into the mental health system in Brisbane, Australia. The service model, referral, assessment and treatment will be discussed, along with opportunities and challenges in implementation.

Session 11 Paper Presentation: Psychological and Pharmacological Treatments

1420600 Evaluating the Moroka Program: A DBT-Informed Residential Treatment Program for Incarcerated Men with Complex Behaviours

Laura Coat - Swinburne University of Technology
James Ogloff - Swinburne University of Technology
Ashley Dunne - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology
Amber Fougere - Forensicare
Flora Gilbert - Forensicare

The Moroka Program is a 3-month residential treatment program for men with complex presentations and challenging behaviours incarcerated in the prison system in Victoria, Australia. The first iteration of the program was open between 2017 and 2020. The program was designed to reflect dialectical behaviour therapy principles whilst incorporating other therapeutic modalities based on the needs of individual participants. This presentation provides a description of the original program, characteristics of the participants who undertook the program, pathways through the program, preliminary outcome data, and a brief description of the re-development of the second Moroka program which opened in November 2022.

Session 11 Paper Presentation: Psychological and Pharmacological Treatments

1418514 Randomised Controlled Trial of use of Methylphenidate to treat Attention Deficit Hyperactivity Disorder in Young Male Prisoners

Lindsay DG Thomson - The State Hospitals Board for Scotland

Attention Deficit Hyperactivity Disorder (ADHD) is known to be present in 20% of prisoners. Medication such as Methylphenidate is known to improve ADHD symptoms such as inattention, impulsivity and hyperactivity but such symptoms are found in high levels in prisoners and can be associated with post-traumatic stress disorder, substance misuse, personality disorder, traumatic brain injury and other neurodevelopmental disorders. A randomised controlled trial (RCT) was carried out to explore this issue. This paper will present the results of this fully powered RCT and discuss their clinical meaning.

Session 11 Paper Presentation: Psychological and Pharmacological Treatments

1422987 Use of Intramuscular Clozapine in Secure Forensic Hospitals

Andrew Ellis - University of New South Wales ; Justice Health and Forensic Mental Health Network
Robert Reznik - Justice Health and Forensic Mental Health Network

Clozapine is the treatment with best evidence for antipsychotic refractory schizophrenia. It has benefits independent of antipsychotic effects for violence reduction, self harm and substance use. The life expectancy of persons with schizophrenia is highest for those taking clozapine. This medication is suited to forensic patients with schizophrenia who display treatment resistance and violence, who then in turn require high secure and restrictive care. As clozapine is generally given as an oral preparation this limits the patient group who might benefit. This paper reviews the literature on intramuscular clozapine and practical measures to introduce its use to forensic hospitals.

17:00 - 18:10

Room C.3.3 Forensic Services and Programs

Chair: K. Dean

Session 12 Paper Presentation : Forensic mental health nursing

1410973 "It's not what you expect": Understanding the transition of Registered Nurses into Forensic Mental Health

Grant R. Kinghorn - University of Wollongong
Elizabeth Halcomb - University of Wollongong
Stuart Thomas - RMIT University
Terry Froggatt - University of Wollongong

AIM: To understand the transition of registered nurses into employment within a forensic mental health setting. METHODS: Using an explanatory sequential mixed methods design, registered nurses employed in a purposefully built forensic mental health hospital were invited to complete an online survey and semi-structured interviews.

RESULTS: Meta inferences of the findings generated three themes: feeling safe, a sense of belonging & cultural commitment.

CONCLUSION: This study provides new knowledge about the factors that enable and hinder nurses' transition into forensic mental health employment. As such, it informs policymakers, clinical services and managers about strategies to attract and retain this workforce.

Session 12 Paper Presentation : Forensic mental health nursing

1421601 ForWomen: The forensic psychiatric care for female inpatients in Sweden - perspectives from caregivers

Jessica L. E Revelj - Linnaeus University
Mikael Rask - Department of Health and Caring Sciences, Linnaeus University
Ulrica Hörberg - Department of Health and Caring Sciences, Linnaeus University
Märta Wallinius - Lund University

Women who receive forensic psychiatric care represent a minority group and may demonstrate specific needs, challenges and vulnerabilities. Caregivers need to understand the women and aspects that probably affect both the provided care and the women as individuals. The same experience can, for the women, be both positive and negative. Caregivers need to understand the patients' suffering, health and wellbeing. This study presents data from in-depth interviews of

caregivers (N≈20) caring for women in forensic psychiatry, analyzed with a phenomenological hermeneutic approach. The presentation provides crucial knowledge for the development of forensic psychiatric care for female patients.

Session 12 Paper Presentation : Forensic mental health nursing

1410585 Recovery Orientation in forensic psychiatry in German speaking Switzerland

Susanne Schoppmann - University Psychiatric Clinic Basel

Henning Hachtel - University Psychiatric Clinic Basel

In Switzerland 'secure recovery' has not been systematically introduced. A model trial funded by the Swiss Federal Office of Justice, implemented this approach on six medium secure wards in two forensic psychiatric university hospitals. The process included joint training of staff and patients and a two-year working group of patients and staff. The working groups implemented two recovery-oriented measures on their wards. Both quantitative data and qualitative data were collected from patients and staff. The perception of self-determination, participation and empowerment of patients changed through the interventions. It is possible to empower patients and implement secure recovery in German speaking Switzerland.

Session 12 Paper Presentation : Forensic mental health nursing

1415449 Forensic psychiatric patients' experiences of partaking in oral hearings in administrative court regarding prolongation of their care

Andreas Söderberg - Linneus University, Sweden

Märta Wallinius - Department of Psychiatry, Lund University

Christian Munthe - Department of Philosophy, Linguistics and Theory of Science, University of Gothenburg

Mikael Rask - Department of Health and Caring Sciences, Linnaeus University

Ulrica Hörberg - Department of Health and Caring Sciences, Linnaeus University

Consent to prolong compulsory forensic psychiatric care can in Sweden be given for a maximum of six months at a time. For each new six-month period, the chief psychiatrist must apply to the administrative court for prolonged care. In this phenomenological interview study, 20 patients were interviewed about their experience of court proceedings regarding prolongation of their care. Three themes are presented in the result; A significant, correct but meaningless formality; An imbalance of power within the hearings; Existential and practical disorientation. The results call for increased transparency on this legal process, for both patients and staff.

17:00 - 18:10

Room C3.4 Forensic/ Risk Assessment

Session 13 Symposium: 1423232 - State of the Law, Science, and Practice: Cross-National Perspectives on Mental Health Diversion

Chair: Spencer G. Lawson - UMass Chan Medical School

Mental health diversion programs divert individuals from the criminal-legal system at multiple stages of case processing. A growth of scholarship has evaluated the effectiveness of such programs, but there remain legal and practical issues that introduce new challenges and opportunities to program operations. This session will provide a cross-national analysis of current issues in mental health diversion in the Netherlands, France, and the United States. These issues include the changing

legal landscape, practical considerations, and the state of the science of such programs. Results will inform future directions for the policy, practice, and research of mental health diversion programs.

Courts and mental health diversion: An international perspective drawn from recent literature
Vera Oosterhuis - Leiden University

Courts struggle internationally with the question of how to deal with mentally disordered offenders. Should they be punished or provided with care? And, if they are provided with care, should that be within or outside of the Criminal Justice System? It still remains an unresolved debate. In the Netherlands there is a well-developed forensic care system, in which mentally disordered offenders are taken care of within the CJS. However, recently a new law was introduced that enables criminal courts to give a civil authorization for mandatory care, which is executed in the regular mental health care system. This, although not intended by the Dutch policymakers, aligns with the international tendency of using diversion strategies for this group. There are many types of diversion and many ways to categorize them, for example, by the actor that decides on the diversion or the group it is targeting. This new Dutch law is a form of court-led mental health diversion, which refers both to the courts' deciding role in the diversion process and the mentally disordered offenders as those who it can be applied to. However, court-led mental health diversion is still a broad category and the new Dutch law is only one example of it. This research will give an insight in which types of court-led mental health diversion there are internationally and which type of groups they are applied to. Furthermore, this will be compared in an exploratory way with the first insights on the use of the new Dutch law.

Opportunities for diversion and therapeutic jurisprudence: Jurisdictional analysis of the French lower criminal court system

Rhondda Waterworth - Practical Solutions Psychology

France represents a unique jurisdiction when considering opportunities to mainstream therapeutic jurisprudence and also diversion practices. Court resource constraints, the unfortunate effects of current models of enforcement and high recidivism rates all contribute to high court volumes and prison overcrowding in France. It is imperative to make more efficient use of court systems and resources, so as to reduce recidivism and tackle endemic social problems. To facilitate this, a jurisdictional systemic analysis of the French lower criminal court system reveals that there is particular scope for diversion and mainstreaming therapeutic jurisprudence ideas within these courts. Police and prosecutors have wide discretion to act therapeutically within the current legislation governing prosecution and court processes, and are extremely well placed to have a positive impact on offender outcomes via diversion, individually tailored sentences with therapeutic goals, as well as the implementation of effective 'court craft' within their hearings, a technique which could additionally function as a systemic intervention utilising 'soft' de-radicalisation intervention skills to tackle terrorism and other endemic local crime issues.

Mental Health Courts in the United States: Emerging evidence and neglected issues

Spencer G. Lawson - UMass Chan Medical School

Evan Lowder - George Mason University

The problem-solving court movement in the U.S. has proliferated since the inception of drug treatment courts in the late 1980s. For many years, our research team has contributed to the discourse on problem-solving courts through various projects that evaluated drug treatment courts, reentry courts, and mental health courts. Further, we prioritize examining the problem-solving court movement in our scholarly writings. A forthcoming book chapter, to be published in the American Psychological Association (APA) Handbook of Forensic Psychology (2nd Edition), offers a critical review of problem-

solving courts within a U.S. context and discusses the long-term viability of the movement, with a particular focus on nascent cultural and legal considerations. This effort serves as the foundation for the current commentary on U.S. mental health courts as a type of diversion programming. The overrepresentation of individuals with mental health disorders across all stages of the criminal-legal system is well-documented. Mental health courts were intended to offer behavioral health services and address dynamic risk factors (i.e., criminogenic needs) for individuals with criminal-legal involvement who present with mental health disorders. As criminal-legal reform in the U.S. continues to evolve, practitioners and scholars must pause and take a comprehensive look into the mental health court model's wide-spread expansion. This presentation outlines key features of the model, reviews the evidence of their effectiveness in addressing salient health and legal outcomes, and identifies neglected issues, such as case law considerations and systemic inequities.

17:00 - 18:10	Room C3.5 Tailoring Treatments/ Responsivity
<p>Session 14 Roundtable: 1423160 - NDIS and Deinstitutionalisation: Exiting De Facto Prisons for the Disabled Discussants: Andy Chia - Problematic Behaviour Support Services Luke Hockey - Problematic Behaviour Support Services Jess Gormley - Problematic Behaviour Support Services (Submitter)</p> <p>While the announcement of the NDIS was largely greeted by the disability community with applause, there are serious and ongoing challenges to the scheme being implemented in forensic settings. During this roundtable presentation, experienced forensic clinicians who have entered the NDIS space will discuss the applications of evidence-based interventions and the systemic issues they have encountered. The development of an intensity caseload tool is presented to start a discourse on risk, needs, and responsivity as they apply to an individual with an intellectual disability.</p>	

17:00 - 18:10	Room C3.6 Challenges to Care and Emerging Solutions
<p>Session 15 Symposium : 1423387 Systematic review of judicial considerations of Gladue factors and violence risk in sentencing decisions from 1999 to 2022 Chair: Brianne K. Layden - Simon Fraser University and Protect International Risk and Safety Services Inc.</p> <p>Indigenous peoples are over-represented within custodial centres in Canada (Perreaut, 1999)—a vestige of the problems with our Criminal Justice System acknowledged by the Supreme Court (R v. Gladue, 1999; R v. Ipeelee, 2012). Following pivotal cases (Ewert v. Canada, 2015), scholars have stressed the importance of identifying and mitigating potential bias in violence risk assessments with Indigenous persons. This symposium presents a systematic review of Canadian legal decisions from 1999 to 2022 to examine: 1) how experts consider Indigenous culture in violence risk assessment, and 2) how judges weigh violence risk with Gladue factors in sentencing decisions.</p> <p>Mixed-methods examination of the impact of R v. Gladue (1999) on judicial opinions and sentencing decisions in cases involving violence risk</p>	

Brianne K. Layden - Simon Fraser University and Protect International Risk and Safety Services Inc.
Alicia Nijdam-Jones - University of Manitoba

To examine the impact of the enactment of Section 718.2(e) of the CCC and publication of R v. Gladue (1999) on sentencing decisions in cases involving violence risk, we conducted a mixed-methods investigation of published legal decisions in Canada between 1999 and 2022 involving both considerations of Gladue factors and violence risk. Following screening of the cases returned from our initial search (N=512 cases), 400 cases met inclusion criteria. Much of the cases were held in British Columbia (n=91), Saskatchewan (n=89), Yukon (n=56), Ontario (n=52), and Alberta (n=48). Further, the vast majority of cases were Provincial Court cases (n=249), although a sizeable number progressed to the Provincial Supreme Courts (n=88). Only n=2 of the included cases were heard in the Supreme Court of Canada. Among cases that met inclusion criteria, we will present quantitative and qualitative data on 1) the frequency and type of Gladue factors that were explicitly considered to be influential in judicial decisions regarding sentence length and type (e.g., custodial or community); 2) the number and types of cases wherein severity or nature of violence explicitly influenced sentencing decisions regarding sentence length and type; and 3) opinions regarding treatment amenability in light of violence risk and Gladue factors, and whether treatment amenability impacted sentencing decisions.

Mixed-methods examination of the integration of Gladue factors and violence risk assessment in judicial sentencing decisions

Alicia Nijdam-Jones - University of Manitoba

Brianne Layden - Simon Fraser University and Protect International Risk and Safety Services Inc.

Brandon Burgess - University of Manitoba

Indigenous people are overrepresented in the criminal legal system. In 1999, the Gladue principles were developed to ensure judges consider the unique factors related to the impact of colonialism, land displacement, systemic racism and other challenges Indigenous peoples face to inform the use of alternative sentencing outcomes for Indigenous accused; however, since 1999, there has been no significant change in the incarcerations rates for Indigenous peoples, suggesting that Gladue principles are inconsistently (or inappropriately) applied, raising questions as to how they are considered and weighed in cases involving violence risk. This mixed-method study reviewed and coded 400 legal decisions across Canada between 1999 and 2022 to examine how judges integrate the Gladue principles in cases where risk assessments are also submitted. Of the cases that met inclusion criteria, many were held in British Columbia (n=91) and Saskatchewan (n=89), and the vast majority were Provincial Court cases (n=249), although a sizeable number progressed to the Provincial Supreme Courts (n=88). Quantitative and qualitative analyses will explore how judges integrate and weigh Gladue factors with risk assessment data in reporting their written sentencing decisions. Specifically, we will report on 1) the frequency and nature of each Gladue factor considered by risk assessors in evaluations wherein Gladue factors were explicitly considered and discussed; 2) judicial consideration or weight given to expert opinions regarding violence risk in Gladue cases, and 3) whether and how often sentencing judges disregard or overrule expert opinions regarding violence risk in light of relevant Gladue considerations.

Descriptive analysis of judicial considerations of Gladue factors and violence risk in sentencing decisions from 1999 to 2022

Brandon Burgess - University of Manitoba

Brianne Layden - Simon Fraser University and Protect International Risk and Safety Services Inc.

Alicia Nijdam-Jones - University of Manitoba

Section 718.2(e) of the CCC was enacted in 1996 to reduce the over-representation of Indigenous people in custodial centers in Canada by requiring judges to consider the unique history and

circumstances of Indigenous persons when sentencing. The circumstances judges must consider were clarified in *R v. Gladue* (1999) and reaffirmed in *R v. Ipeelee* (2012). Despite the promise of these culturally sensitive guidelines, over-representation has increased rather than decreased (Milward & Parkes, 1999) and some scholars (Jackson, 2015) have posited this may be due to inadequate consideration of Gladue factors in cases involving serious violence. To our knowledge, there has not been a systematic review of expert and judicial considerations of Gladue factors in cases involving violence risk within Canada following the publication of *R v. Gladue* (1999). This presentation will be descriptive in nature, detailing a systematic review of all cases (n=400) published in the Canadian Legal Information Institute from 1999 to 2022. The majority were heard in British Columbia (n=91) and Saskatchewan (n=89) in provincial courts (n=249), although many progressed to provincial Supreme Courts (n=88). Quantitative and qualitative data will be presented on 1) the frequency of cases wherein Gladue factors were meaningfully considered by judges following publication of Gladue and *R v. Ipeelee* (2012); 2) the frequency of cases wherein Gladue factors were meaningfully considered and discussed by risk assessors; 3) the nature of violence in cases where Gladue factors were meaningfully considered; and 3) the frequency and types of risk assessment approaches, tools, and factors discussed.

The Canadian legal landscape following *R v. Gladue* (1999): Where do we go from here?

Stephen D. Hart - Simon Fraser University and Protect International Risk and Safety Services Inc.

Now, a little more than 20 years after the original Gladue decision, is a good time to take stock of its impact on the Canadian criminal justice system. The research findings presented in this symposium are an important step. Disappointingly, however, perhaps the major finding is that few sentencing decisions reported since then have made explicit reference to Gladue - far fewer than one would expect, given the over-representation of Indigenous offenders and the sheer volume of sentencing decisions. I will comment on some potential explanations for the limited impact and point out some of the ways forensic mental health professionals can, should, and must change their practice to respect the principles set out in Gladue.

UNSW Medicine

Forensic Mental Health Postgraduate Program



About the program

Forensic Mental Health is a sub-specialty of mental health in which scientific and clinical expertise is applied in legal contexts, combining civil, criminal, correctional, and legislative matters. It embraces the therapeutic objectives of mental health services for a specific forensic target group, as well as providing mental health evaluation and consultation in the legal justice system.

The Master of Forensic Mental Health Program has been developed to enhance the knowledge and skills of a broad range of professionals working at the interface of human services and criminal justice systems.

While the program content is based in forensic psychiatry, the disciplines of forensic psychology, nursing, and law contribute to this exciting new frontier. Our academic contributors are also leading authorities in their clinical fields which allows for participation of students in the challenges of the forensic workplace. In addition, the expert knowledge and experience of our academic staff relate to both the Australia-wide and international forensic context.

Entry requirements

An undergraduate degree in health, law, psychology, or criminology and honours/postgraduate qualifications or two years professional experience in health, law, criminology, psychology, or other relevant discipline.

Length of program

Master of Forensic Mental Health 9012

> minimum 2 years part-time (48 UOC)

Graduate Diploma in Forensic Mental Health 5512

> minimum 1.5 years part-time (36 UOC)

Graduate Certificate in Forensic Mental Health 7312

> minimum 1 year part-time (24 UOC)

Core courses

PSCY9901	Law and Mental Health
PSCY9902	Psychiatry and Criminal Law
PSCY9903	Violence
PSCY9904	Forensic Mental Health Systems

Electives

PSCY9911	Mental Disorders, Personality Disorders & Crime
PSCY9912	Substance Use Problems and Offending
PSCY9913	Disordered and Criminal Sexual Behaviour
PSCY9914	Families, Children & Adolescent Forensic Psychiatry
PSCY9915	Civil Law in Relation to Psychiatry
PSCY9917	Unusual Forensic Behaviours and Special Groups

Each course is offered once every two years on a rotating basis (except PSCY9911 which is offered annually).

Electives outside the Forensic Mental Health Program

Students can apply to the program directors to enrol in alternative electives offered by other UNSW departments (e.g., law/criminology or relevant health research-focused postgraduate courses). Decisions will be made on a case-by-case basis.

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Wednesday, June 21

Sessions 16 – 20 [09:00 – 10:10]

09:00 - 10:10	Room C3.2 Forensic Mental Health Treatment
<p><u>Session 16 Symposium: 1406783 - Improvement of Treatment Regimen at the Vitos Gießen Forensic Psychiatric Hospital</u> Chair: Ursula M. Zimmer - Vitos Klinik für forensische Psychiatrie Giessen</p> <p>The hospital's current situation with its challenges (e.g. economic situation, security, staffing, case load) is described and resources are explained. First measures for improving the treatment regimen are presented.</p> <p>These first measures include the implementation of a quality circle to supervise and control difficult treatment courses as well as the implementation of pharmaceutical intervision by a hospital pharmacist. One case study report addresses the targeted use of off-label loading procedures for non-responding patients and a second one delineates ethical and pharmaceutical aspects of compulsory treatment and the value of an advanced directive (Ulysses decree) in view of recurring psychotic episodes.</p> <p>Improvement of Treatment Regimen at the Vitos Gießen Forensic Psychiatric Hospital - Implementation of a Quality Circle Ursula M. Zimmer - Vitos Klinik für forensische Psychiatrie Giessen</p> <p>The treatment of high security patients, in particular, is often characterised by a prolonged stagnation in treatment, resulting in frustration on the part of both patients and treatment providers. These patients with complicated courses of disease and often resistance to therapy are the primary target group for the newly established interdisciplinary collaborating quality circle. This quality circle considers various treatment parameters, above all psychopharmacological treatment. Yet, other aspects are either systematically examined in order to develop new therapeutic approaches. This is of particular importance with respect to the hospital's order to improve the patients' psychopathological states and securing them until a release is socially responsible as well as adhering to ethical standards. The presentation will summarize the development and implementation procedure of this quality circle and the first results.</p> <p>Improvement of Treatment Regimen at the Vitos Giessen Forensic Psychiatric Hospital - Pharmaceutical Intersivision Nicole Erlacher - Vitos Klinik für forensische Psychiatrie Giessen</p> <p>In 2021, the 5th Action Plan for the Improvement of Drug Therapy Safety (AMTS) in Germany was adopted by the Federal Ministry of Health, which illustrates that drug therapy safety is becoming increasingly important in health policy. Every drug therapy represents a risk for patients, because in addition to the desired effects, drug-related problems can occur: (severe) adverse drug reactions as well as medication errors (errors during the medication process). In contrast to adverse drug reactions, medication errors that additionally endanger patient safety and can lead to increased costs, are preventable events. Various studies have already shown that pharmacists can prevent drug-related problems or recognise them and recommend risk minimisation measures to solve these. Since</p>	

April 2020, a pharmacist has complemented the interdisciplinary treatment teams (doctors, lawyers, nursing staff, vocational therapists, psychologists, social workers and security staff) at the Vitos Forensic Psychiatric Hospital in Giessen. In regular discussions of the drug charts the interdisciplinary treatment team checks the current (if necessary: the planned) medication prescriptions for adverse drug reactions (incl. side effect potentiation), interactions and whether there is an accumulation of prescriptions. The pharmacist also supports the optimal implementation of therapeutic drug monitoring (TDM), evaluations of pharmacogenetic examinations and provides evidence-based input on possible treatment strategies, which are usually supplemented by a complex medication history (within the framework of the quality circle). A case study will show on which aspects of treatment the pharmacist can provide supportive advice.

Improvement of Treatment Regimen at the Vitos Giessen Forensic Psychiatric Hospital - Using Valproate to Treat Aggressive and Violent Behavior in Forensic Patients (N=3 Case Study)

Tilman Müller - Vitos Klinik für forensische Psychiatrie Giessen

Treatment with Valproate is indicated for various forms of epilepsy and bipolar disorder but it is also prescribed for the treatment and prophylaxis of migraine headaches. It has been in use since 1962. Several case studies described the successful treatment of aggressive behavior in psychiatric patients with reports dating back as far as 1988. Reflecting on those patients suffering from schizophrenia and organic delusional disorder that for several years did not respond well or not at all to regular standard or guideline medical treatment we wondered whether Valproate would also be able to reduce aggressive and violent behavior in these patients. After weighing up ethical aspects, in a well-controlled and monitored procedure an off-label approach has been made to improve the conditions of these patients. In general, the anti-aggressive effect of Valproate is promising. Results will be presented in detail.

Improvement of Treatment Regimen at the Vitos Giessen Forensic Psychiatric Hospital - Coercive Treatment and Early Intervention : Benefits vs Harm

Lukas Leufgens - Vitos Klinik für forensische Psychiatrie Giessen

The German penal code provides as well as requires a sophisticated and multi-step approval and monitoring procedure in order to carry out coercive treatment in a forensic psychiatric hospital. Yet, from a clinician's perspective, it is paramount to take into consideration the time from admission until starting the coercive treatment and the duration of the treatment. With regard to the thesis that an early treatment offers more advantages considering the entire course of treatment, the appropriate point in time for the initialization of compulsory treatment must be considered carefully. On the one hand, the patients' rights have to be protected by giving them space for a possible development of a free determination of their will. On the other hand, by acting promptly and shortening the highly psychotic phases, the acute suffering of the patients can be reduced and therefore relieve the patients of their suffering more efficiently. Obviously, the standards and principals of professional ethics have to be considered for both alternatives. Individual case reports will be presented for a differentiated discussion. In view of the mostly chronic course of schizophrenic disorders a permission for treatment given in a period free of psychotic symptoms should support the possibility of immediate action in case of the necessity of another coercive treatment. The hospital's experience with Ulysses decrees will be presented.

09:00 - 10:10	Room C3.3 Forensic Services and Programs
<p>Chair: C. Matthews</p> <p><u>Session 17 Paper Presentation: Health and Justice Care Pathways</u></p> <p>1422883 The complex decision process to remit patients to prison - Tough, high stake, and necessary decisions Louis De Page - Centre Hospitalier Jean Titeca Pierre Titeca - Centre Hospitalier Jean Titeca</p> <p>In an MSU, asking for the remittal of a patient to prison because of his/her (violent) conduct is sometimes necessary and inevitable. Prison remittal affects the patient (who, of course, does not want to be reincarcerated), others patients (who might suffer from the remitted patient's behaviour or be friend with him), and staff (who have tried their best to help a patient to transition to lower levels of therapeutic security). In study, we set out to understand the sequence of behaviour that lead to ask for a prison remittal, and how did staff decided to ask for a prison remittal.</p>	
<p><u>Session 17 Paper Presentation: Health and Justice Care Pathways</u></p> <p>1416209 Pathways through inpatient services: Examination of a Scottish cohort Cheryl Rees - University of Edinburgh</p> <p>An independent review into the delivery of forensic mental health services raised issues with patient pathways around/within inpatient services. A lack of transparency regarding timescales and the impact of transfer/discharge delays were raised, with concerns about possible inequity among subgroups. To explore pathway issues data were linked from a range of sources for every inpatient (N=522) within Scottish forensic hospitals on a 2013 census date. Patient management within the high secure State Hospital transfer list (2017-2019) was also explored. Findings will inform pathway planning, ensure transfer processes and decision making are evidence based, and aid identification of system delays.</p>	
<p><u>Session 17 Paper Presentation: Health and Justice Care Pathways</u></p> <p>1412010 Continuity of Mental Health Care during the Transition from Prison to the Community following Brief Periods of Imprisonment Christie C. Browne - University of NSW and Justice Health and Forensic Mental Health Network</p> <p>The prison-to-community transition period is one of high risk and need, particularly for those with mental illness. This presentation examines continuity of care for those with mental health needs who cycle in and out of prison for short periods. We will describe patterns of mental health care for this group both in prison and post-release, and post-release reoffending outcomes. Our findings suggest that brief periods of incarceration provide little opportunity for mental health stabilization or service planning either in prison or the community. Current barriers to continuity of mental health care and potential solutions will be discussed.</p>	
<p><u>Session 17 Paper Presentation: Health and Justice Care Pathways</u></p>	

1422339 Imprisonment following discharge from mental health units: a developing trend in Aotearoa New Zealand

Jeremy Skipworth - Te Whatu Ora - Waitemata

Krishna Pillai - Te Whatu Ora - Waitemata

Rees Tapsell - Te Whatu Ora - Waikato

Brian Mckenna - Auckland University of Technology

Nick Garrett - Auckland University of Technology

This paper considers recent evidence for the increasing criminalisation of behaviour driven by mental illness in New Zealand, and the potential impact of changing paradigms of care in general adult mental health services.

Anecdotally, we were concerned about an apparent increase in criminal defendants remanded in custody while under Mental Health Act orders, often shortly following an inpatient admission.

The study analyses 95,206 inpatient admissions over a 9 year study period, from 2012 to 2020. A trend toward increasing risk of imprisonment following discharge was revealed. We discuss clinical, service, social and broader societal implications.

09:00 - 10:10

Room C3.4 Forensic / Risk Assessment

Chair: R. Scott

Session 18 Paper Presentation: Risk and Resilience Factors

1422645 Risk, resilience, and recovery in forensic mental health: An integrated conceptual model

Stephanie Penney - Centre for Addiction and Mental Health / University of Toronto

Suraya Faziluddin - Centre for Addiction and Mental Health / University of Toronto

Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto

Patti Socha - Centre for Addiction and Mental Health / University of Toronto

Treena Wilkie - Centre for Addiction and Mental Health / University of Toronto

In this paper we describe and visually present a conceptual model that distills core elements from across three structured tools designed to assess violence risk, protective factors, and progress in treatment and recovery. We propose that this type of model can improve clinical efficiencies and streamline assessment protocols, in addition to facilitating patient engagement and increasing the accessibility of assessment information. The four domains appearing in the model are described, as are common manifestations of each within a forensic context. We discuss needed validation research for our proposed model and outline implications for clinical practice and uptake.

Session 18 Paper Presentation: Risk and Resilience Factors

1423025 Trauma, PTSD and substance use among offenders and associations with criminogenic needs and reoffending outcomes: A data linkage study

Lucinda Grummitt - The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

Emma L. Barrett - The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

Mark Howard - Corrections Research Evaluation and Statistics, Corrective Services NSW

Michael Doyle - Centre for Research Excellence in Indigenous Health and Alcohol, University of Sydney

Sharlene Goodhew - Justice Health and Forensic Mental Health Network

People in custody have substantially elevated rates of trauma, PTSD and substance use disorders, all factors shown to be independently associated with reoffending. This study examined linked data for representative sample of adult prisoners in NSW (N=1,034) to determine prevalence of trauma, PTSD and substance use and associations with criminogenic needs and reoffending outcomes. Participants reported high rates of rates of trauma (75%), PTSD and alcohol and other drug use. Further analyses will be conducted to explore associations with criminogenic needs and reoffending outcomes. These findings will be critical to informing behaviour management strategies and interventions designed to reduce reoffending.

Session 18 Paper Presentation: Risk and Resilience Factors

1423258 A novel syndemic: psychosis, substance use, social adversity, and criminal justice involvement

Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto
 Bushra Khan - Centre for Addiction and Mental Health / University of Toronto
 Stephanie Penney - Centre for Addiction and Mental Health / University of Toronto
 Roland M. Jones - Centre for Addiction and Mental Health / University of Toronto

Syndemic is a term coined to encapsulate complex interactions between disease entities and social issues. In this paper we apply the concept of syndemics to propose new insights into the interplay between social adversity, psychosis, substance misuse and criminal justice involvement within communities having high exposure to these phenomena. After conducting a thorough literature review, we identified 17 papers that specifically address the interactions of psychosis, social adversity, violence and criminal justice involvement. We propose a new syndemic that links these factors and discuss the implications of such a model for clinical practice and research in forensic mental health.

Session 18 Paper Presentation: Risk and Resilience Factors

1419780 Does difficulties in emotion regulation mediate the association between adverse childhood experiences and aggression?

Adam Meddeb - Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden
 Märta Wallinius - Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden
 Malin Karlén - Gothenburg University
 Carlo Garofalo - Università degli Studi di Perugia

Forensic psychiatric populations report high levels of externalizing behaviors, including aggression and disinhibition, as well as disproportionately high exposure to adverse childhood experiences. The association between adverse childhood experiences and externalizing behaviors is a well-documented phenomena that has been validated across various forensic settings and has been referred to as the "cycle of violence". However less is known about the mechanisms behind the cycle of violence. Our study aimed to investigate whether difficulties in emotion regulation might act as a mediator between ACE and various facets of the externalizing syndrome such as disinhibition, aggression and antisocial behaviors.

09:00 - 10:10	Room C3.5 Tailoring treatments/ Responsivity
<p>Chair: M. Daffern</p> <p><u>Session 19 Paper Presentation: Psychopathy and other personality disorders</u></p> <p>1418991 Learning from the impact of and recovery from COVID-19 within prisons - a multi-component study of Offender Personality Disorder Units Jason Davies - Swansea University, UK Laura Broome - Swansea University, UK Rachael Dagnall - University of Lincoln Steven Gillespie - University of Liverpool Andrew Jones - Liverpool John Moores University Carine Lewis - HMPPS Shadd Maruna - Queen's University Belfast Aisling O'Meara - HMPPS Matt Tonkin - University of Leicester</p> <p>The COVID-19 pandemic and the approaches taken to limit the person-to-person spread of the disease presented particular difficulties for those detained within prison settings. This paper provides an overview of a longitudinal, multi-component and multi-method study undertaken across multiple prison sites in the UK. The study focussed on services that provided enhanced interventions as part of the Offender Personality Disorder Pathway prior to the pandemic. Initial findings from routinely collected quantitative data, and interviews with prisoners and staff will be presented, and the ways these might inform prison 'recovery' post COVID-19 and responses to future pandemics will be outlined.</p>	
<p><u>Session 19 Paper Presentation: Psychopathy and other personality disorders</u></p> <p>1421582 Psychopathy and the DSM-5 Alternative Model of Personality Disorder: A synthesis and critique of the emergent literature Ashley Dunne - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology</p> <p>This review presents a synthesis and critique of literature pertaining to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition alternative model of personality disorder (AMPD) antisocial personality disorder (ASPD) and the psychopathic specifier. The review draws attention to the utility of ASPD impairment ratings and traits to effectively measure psychopathy, shortcomings of the psychopathic specifier, research efforts to improve upon the conceptualization of AMPD psychopathy, and ASPD and psychopathic specifier trait complexity. This review highlights the way in which the AMPD ASPD and the psychopathic specifier may enhance personality assessment in forensic mental health and criminal legal systems.</p>	
<p><u>Session 19 Paper Presentation: Psychopathy and other personality disorders</u></p> <p>1407080 The role of psychopathy and emotional dysregulation in forensic mental health service users' dual harm Matina Shafti - University of Manchester Daniel Pratt - University of Manchester</p>	

Peter Taylor - University of Manchester
Andrew Forrester - Cardiff University

Dual harm (co-occurring self-harm and violence) is prevalent amongst forensic mental-health service users (FMHSUs). Psychopathy and emotional dysregulation are suggested risk-factors of harmful behaviours, and may lead to dual harm. This study aimed to investigate the association between psychopathy, emotional dysregulation and dual harm amongst FMHSUs. This is an ongoing longitudinal study, in which 50 FMHSUs will be asked to complete questionnaires. We expect that psychopathy and emotional dysregulation will predict dual harm, and emotional dysregulation will mediate the relationship between psychopathy and dual harm. Findings may identify factors to be targeted in interventions of dual harm within forensic services.

Session 19 Paper Presentation: Psychopathy and other personality disorders

1422504 The Dark Triad Traits and HEXACO Model of Personality: Relationships with Counterproductive Work Behaviour and Deceptive Responding

Rozalija Erdelyi - School of Psychology, Bond University

The dark triad of malevolent personality traits along with the HEXACO model, are being compared as predictors of counterproductive work behaviours (CWB) including theft, fraud and assault. Testing for the presence of protective factors as well as higher-order "super-traits" in both models will be discussed. The tendency for deception is thought to be associated with the dark triad. This may have implications related to dissimulation during the completion of self-report surveys. Subsequently, this is being explored in a faking-study.

09:00 - 10:10

Room C3.6 Challenges to Care and Emerging Solutions

Session 20 Symposium : **1422954 National Trajectory Project-Community (NTP-C): A National Study of Opportunities and Obstacles to Successful Community Reintegration of Canadian Forensic Psychiatric Patients**

Chair: Anne G. Crocker - Université de Montréal

The current symposium summarizes preliminary findings of the National Trajectory Project - Community (NTP-C), a longitudinal, multi-site study examining a large Canadian cohort of individuals found Not Criminally Responsible on account of Mental Disorder (NCRMD). Comprised of 1,468 individuals found NCRMD who were discharged between 2010 and 2015 from one of 18 hospitals across six provinces in Canada, the sample was followed until 2018 resulting in a 3-to-8-year follow-up period. The three presentations provide a general overview of the study objectives, including sampling procedures and methods of data collection, the psychosocio-criminological characteristics of the sample, and rehospitalization outcomes.

The National Trajectory Project - Community (NTP-C): Rehospitalization and the Predictive Validity of the PCL-R, VRAG, HCR-20 and Risk/Need Factors Among NCRMD-Accused in Ontario, Canada

Andrew L. Gray - Université de Montréal

Tonia L. Nicholls - University of British Columbia

Michael C. Seto - Royal Ottawa Health Care Group

Yanick Charette - Université Laval

Andrew M. Haag - Alberta Hospital Edmonton

Michael S. Martin - Correctional Service Canada
 Jamie Livingston - Saint Mary's University
 David Hill - University of Manitoba
 Malija Caulet - Institut national de psychiatrie légale Philippe-Pinel
 Anne G. Crocker - Université de Montréal

Objective/Method: Using archival data from the National Trajectory Project-Community (NTP-C), the Psychopathy Checklist-Revised (PCL-R), Violence Risk Appraisal Guide (VRAG), Historical-Clinical-Risk-20 (HCR-20), and risk/need factors coded from hospital records were examined among a cohort of individuals found NCRMD who were discharged from hospital in Ontario (N = 342). Preliminary Results: PCL-R and HCR-20 scores were available for 167 patients (M = 15.44, SD = 7.50) and 119 patients (M = 21.69, SD = 5.98), respectively. Information on VRAG categories/bins was available for 100 patients (M = 5.05, SD = 1.36). Half the sample (51.5%) were rehospitalized, with an average of 1.60 rehospitalizations (SD = 2.49, range = 0 to 17). Outcomes associated with rehospitalization included violation of conditions, mental deterioration, self-injury, substance use, non-violent offending, and violent offending. Fifteen cases were formally charged by police and 12.6% (n = 43) of the sample had a documented incident of violence during the follow-up period. The most severe form of violence at follow-up included criminal harassment (e.g., stalking; n = 4), non-contact sexual offence (n = 1), threatening death/harm (n = 11), physical assault (n = 24), sexual assault (n = 2), and murder (n = 1). Predictive validity of the PCL-R, VRAG, HCR-20, and risk/need factors will be examined using survival analysis and time-dependent area under the curve analysis to account for variations in follow-up time. In addition, given the presence of multiple rehospitalizations, recurrent event survival analysis will also be applied to further examine predictive validity.

The National Trajectory Project ♦ Community (NTP-C): Objectives and Methods

Anne G. Crocker - Université de Montréal
 Andrew L. Gray - Université de Montréal
 Michael C. Seto - Royal Ottawa Health Care Group
 Yanick Charette - Université Laval
 Andrew M. Haag - Alberta Hospital Edmonton
 Michael S. Martin - Correctional Service Canada
 Jamie Livingston - Saint Mary's University
 David Hill - University of Manitoba
 Malija Caulet - Institut national de psychiatrie légale Philippe-Pinel
 Tonia L. Nicholls - University of British Columbia

Objective/Background: Despite significant contributions of the original National Trajectory Project (NTP) of individuals found Not Criminally Responsible on account of Mental Disorder (NCRMD) in Canada, limitations remained owing to the low number of provinces involved, dated sample selection period (i.e., 2000 to 2005), and only two-thirds of the sample being discharged into the community. To address these limitations, we conducted the National Trajectory Project-Community (NTP-C). Primary objectives of the NTP-C were to understand the opportunities and obstacles for successful community re-entry among individuals deemed NCRMD, while improving care and public safety and optimizing the effective use of forensic mental health services. Sampling and Data Gathering Procedures: Adults with an active NCRMD verdict who were hospitalized in one of six Canadian provinces and discharged to the community between January 1, 2010, and December 31, 2015, from one of 18 hospitals were selected for inclusion in the study, resulting in a sample of 1,468 individuals. Due to the large number of NCRMD cases in Quebec, 628 cases were randomly selected from a specific set of hospitals. Cases originating from the remaining provinces were representative of cohort samples (i.e., British Columbia [n = 199], Alberta [n = 106], Manitoba [n = 58], Ontario [n = 342], and Nova Scotia [n = 135]) and included a small subset of cases from one of three territories (i.e., Yukon,

Nunavut, and the Northwest Territories). This presentation will speak to the nature of the study and representativeness of the sample.

The National Trajectory Project ♦ Community (NTP-C): Psychosocio-criminological Characteristics of People found NCRMD in Canada

Tonia L. Nicholls - University of British Columbia

Andrew L. Gray - Université de Montréal

Michael C. Seto - Royal Ottawa Health Care Group

Yanick Charette - Université Laval

Andrew M. Haag - Alberta Hospital Edmonton

Michael S. Martin - Correctional Service Canada

Jamie Livingston - Saint Mary's University

David Hill - University of Manitoba

Malija Caulet - Institut national de psychiatrie légale Philippe-Pinel

Anne G. Crocker - Université de Montréal

Objective/Method: Using archival data from the National Trajectory Project-Community (NTP-C), the psychosocio-criminological characteristics of 1,468 individuals found NCRMD were examined. Results: Women represented 13.2% of the total sample and 6.1% of the sample were identified as Indigenous, though nearly one-third were unknown (28.9%). Three-quarters of the sample were Canadian born (74.9%) and most were single (88.1%). Average age at time of NCRMD verdict was 35.71 years (SD = 12.44, range = 15 to 87), with 37.66 years (SD = 12.72) being the average age at time of hospital admission (SD = 12.72, range = 16 to 87). Length of current hospital stay ranged from 1 day to just over 38 years (M = 19.88 months, SD = 33.18) and represented the initial period of detention associated with their active NCRMD verdict for 55.6% of the sample. Elapsed time between date of discharge and date of follow-up (2018-12-31) was around 5 years (M = 64.41 months, SD = 20.71). Offences against the person accounted for 71.9% of the most severe index offences; property offences and other Criminal Code violations accounting for 13.0% and 15.1%, respectively. Assaults accounted for approximately a third of the most severe index offences (31.2%), with other violations involving violence or the threat of violence and property crimes accounting for 25.7% and 13.0%, respectively. Among 1,238 of the NCRMD-accused with available data, 79.7% had been diagnosed with a Psychotic Spectrum Disorder at the time of their index verdict. Further results will be discussed with comparisons across provinces provided.

Sessions 21 – 25 & 54 [13:30 – 14:40]

13:30 - 14:40	Room C3.2 Forensic Mental Health Treatment
Chair: C. Matthews	
<u>Session 21 Paper Presentation: Lived Experience Perspectives and Broader Policy Issues</u>	
1420374 Patient experiences of a violence intervention program in a forensic mental health hospital	
Monique K. Sondhu - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology	
Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology	

Natasha Maharaj - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology

Ashley Dunne - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology

When exploring the delivery and effectiveness of intervention programs for people with a history of violence, often the participants perspectives of the program are overlooked. Their perspective can, however, provide valuable information about readiness to participate, engagement, helpful and unhelpful activities, and progress. The Life-Minus Violence Enhanced program (LMV-E; Ireland, 2008) is a cognitive behavioural treatment programme the focuses on preventing aggression. The LMV-E program is being delivered at Thomas Embling Hospital, the state of Victoria's inpatients forensic mental health service. This presentation will discuss results from interviews conducted with patients at the hospital prior to commencing the LMV-E program.

Session 21 Paper Presentation: Lived Experience Perspectives and Broader Policy Issues

1423217 "I think that's what makes a difference"; patient, staff and carer perception of the management of significant violence and aggression

Lindsay Tulloch - The State Hospital
Helen Walker - Forensic Network

There is existing evidence on patients' (Hansen et al., 20H22), staff (Downes et al., 2016), and carers' (Kontio et al., 2015) perspectives of restrictive practices, and a growing body on prevalence / management of significant violence / aggression within forensic mental health. This study aimed to analyse violence and aggression policies, gather frequency of violence and aggression data and conduct interviews with staff, patients and carers, to capture unique perspectives based on experience. The sample included one high and three medium secure hospital across Scotland and Northern Ireland, and one Intensive Psychiatric Care Unit that uses seclusion.

Session 21 Paper Presentation: Lived Experience Perspectives and Broader Policy Issues

1423120 The rise of the Forensic Industrial Complex

Olav Nielssen - Macquarie University

Prisons are Australia's oldest industry, and have experienced a resurgence in the last 40 years, with a tripling in rates of imprisonment in that time. The rise in imprisonment has accompanied by the growth in legislation aimed at controlling people identified as being a danger to society in order to prevent a range of harms, from terrorism, harm to children, domestic abuse and to other forms of harm. Those laws have in turn spawned an industry to litigate the new legislation, and an industry of experts to inform those proceedings and to devise interventions aimed at reducing future harms.

13:30 - 14:40

Room C3.3 Forensic Services and Programs

Session 22 Symposium: 1423189 Understanding the mental health needs of Scotland's prison population: A national health needs analysis

Chair: Lindsey Gilling McIntosh - University of Edinburgh

The mental healthcare delivery model in Scotland's prisons follows a whole-prison approach and embeds the principle of equivalence of care. However, there is increasing evidence of systemic issues giving rise to inconsistencies and inadequacies in care within the prison estate. Scottish Government externally commissioned a national assessment of mental health needs of Scotland's prison population (n=7300). This mixed-method study followed a four phased approach: a rapid literature review, logistic regression prevalence modelling, a national service mapping exercise, and stakeholder interviews. Key findings and a set of innovative evidence-based recommendations to address and overcome the issues identified will be shared.

Mapping the mental health services and interventions available to people in and leaving prison in Scotland

Lindsay Thomson - University of Edinburgh

A national multi-informant and multi-method service mapping exercise was carried out by the Forensic Network central office to describe the services available to support the mental health of people in and leaving Scotland's 15 prisons. Health and social work teams across all prisons completed a standardised proformas and third and voluntary sector organisations with input into prisons were engaged through a special meeting event. The information provided by health teams evidence major positive developments in both the size and multi-disciplinary composition of prison mental health teams in Scotland in the 10 years since NHS assumed responsibility for prison healthcare. Nearly all prisons now have formal input from mental health nursing, psychiatry, and clinical psychology and approximately half have allied health professionals (AHP) as part of the mental health team. However, workforce figures analysed across the estate indicated that resource allocation was somewhat arbitrary and not closely linked to the number of residents within each prison, leading to inconsistencies and inequities in the services and interventions available by prison. The input of prison mental health discharge planning and throughcare was found to be limited and inadequate. Professionals highlighted a range of challenges beyond limited resources in meeting the mental health needs of people in prison. These findings showed that there is a role and willingness from non-health agencies to support the mental health and wellbeing of people in prison. However, these efforts are hindered by reduced opportunity for relevant staff training and limited cross-agency partnership working and information sharing.

Estimating the likely scale and nature of mental health needs

Lindsey Gilling McIntosh - University of Edinburgh

Robust data on the mental health needs of Scotland's prison population are required to develop services designed to meet the particular needs of this group. However, data are not collected at the national level and couldn't be directly assessed in this study due to pandemic restrictions. Therefore, the prevalence of a range of mental health problems was estimated from previous UK research and existing datasets. An initial rapid review of mental disorder prevalence studies in UK prisons yielded prevalence ranges for 18 mental health conditions. These estimates were supplemented by logistic regression modelling, incorporating factors which moderate risk of mental health problems: ethnicity, age, gender, and legal status. Parameter estimates relating to the experience of five types of mental health needs were extracted from the 2019 Scottish Health Survey, a representative sample of Scotland's community population, and modelled to individual-level data on Scotland's prison population. Logistic modelling found that 15% of Scotland's prison population likely has a long-term, diagnosed mental health condition. Seventeen percent likely has a history of self-harm behaviour or attempted suicide. Thirty percent of the prison population likely has a current alcohol use disorder. Sixteen percent and 18% of the prison population is likely to have experienced anxiety and depression, respectively, in the past week. Data on hospital transfers were also examined to identify factors associated with a need for inpatient psychiatric care. These figures indicated that those

requiring admission were disproportionately on remand, were disproportionately female. The vast majority were transferred for the treatment of psychosis.

Understanding the lived experience and stakeholder perspective of navigating prison with mental health needs

Cheryl Rees - University of Edinburgh

Professional stakeholders and individuals with lived experience were interviewed to understand their experiences and insights on challenges to supporting the mental health and wellbeing of people in prison, and how these challenges could be overcome. Senior and executive-level stakeholder from health and the prison service were interviewed alongside representatives from the third sector, and bodies providing legislative and welfare oversight. The operational perspective was enhanced through interviews with frontline staff while the lived experience perspective was obtained by interviewing those with personal experience of prison and their carers. There was a drive from senior prison service staff to operate a more trauma-informed environment. The pandemic highlighted that the health and wellbeing of individuals was foundational to the underlying aims of the prison service. Operationally, prison officers and health teams perceived residents as exhibiting more complex mental health needs as well as trauma, and were striving to support residents with limited resources. Lived experience participants stated the onus remained on individuals to engage and share with mental health services to gain support. People with lived experience indicated that reception was a time of extreme stress and that beyond establishing acute needs, mental health should be explored more deeply a few days later. Being remanded was a draining experience and characterised by uncertainty. Some officers were acknowledged as going above and beyond to support mental health needs. However, the resident-officer dynamic needed improvement more generally. In-reach support ahead of liberation could break the cycle of prison return, for example by securing housing.

Delivering fundamental change in prison mental healthcare: 18 evidence-based recommendations

Lindsay DG Thomson - The State Hospitals Board for Scotland

Evidence from across the four phases converged indicating that a fundamental change in prison mental health care is required to address the scale and nature of mental health needs among Scotland's prison population. Many of the issues identified by this needs assessment are likely longstanding and have been identified by previous reports which have offered sensible recommendations to improve care. Despite repeated scrutiny of the same issues, most recommendations from previous reports have not been fully implemented, suggesting current structures and operational arrangements do not facilitate the development of innovative practice or are too restrictive to enable the change required. The national mental health needs assessment concluded with 18 evidence-based recommendations. Six major recommendations are proposed which, if enacted, would offer the high-level and strategic changes required to overcome many longstanding challenges. Several of these major recommendations include: the adoption of a single model of care focussed on assessing and meeting individual needs; a change to current resource modelling based on the Scottish community to account for the increased prevalence of demographic and social characteristics known to contribute to mental health burden; the introduction of healthcare standards; and the creation of a formal partnership between the prison service, health and social care providers, and third sector organisations which includes mechanisms to empower decision-making across all healthboard areas, and mechanisms for governance and quality improvement review. If enacted, these strategic and high-level changes will increase the feasibility and efficacy of a further 12 operational-level recommendations.

13:30 - 14:40	Room C3.4 Forensic/Risk Assessment
<p>Chair: A. Lakshman</p> <p><u>Session 23 Paper Presentation - Families, geography and self-harm</u></p> <p>1419726 Perspectives of mental health care professionals on family involvement in forensic psychiatric care Sara Rowaert Gilbert Lemmens Stijn Vandeveld</p> <p>There are limited research studies on the experiences of family members, but even less on the perspective of mental health care professionals regarding family involvement in forensic psychiatric care. Therefore, this study aimed to map mental health care professionals' reflections on family involvement in care. Findings of two focus groups with mental health care professionals administered in 2015 were supplemented with interview data collected with mental health care professionals in 2021. The study shows that there seems to be an evolution in how mental health care professionals experience the involvement of family members in care, which is perceived as valuable.</p>	
<p><u>Session 23 Paper Presentation - Families, geography and self-harm</u></p> <p>1419984 Rural-Urban Behavioral Health Provider Disparities in the United States: Implications for Community-Based Care for Adults with Criminal-Legal Involvement Spencer G. Lawson - UMass Chan Medical School Evan M. Lowder - George Mason University Bradley Ray - RTI International</p> <p>Evidenced-based practices for behavioral health care (e.g., integrated treatment plans, risk/need assessment procedures, Risk-Needs-Responsivity [RNR]-based policies) can improve community treatment and recovery outcomes for adults returning from incarceration with behavioral health disorders. Yet, there are few investigations into whether behavioral health providers treating justice-involved individuals implement these effective approaches into routine practice and geographic variability in these trends. Drawing on data from behavioral health providers that serve individuals with criminal-legal involvement in a statewide U.S. sample, this study examines service gaps across the rural-urban continuum</p>	
<p><u>Session 23 Paper Presentation: Families, geography and self-harm</u></p> <p>1422530 Assessing non-suicidal self-injury in forensic settings Natalie Laporte - Department of Clinical Sciences Lund, Lund University. Research Department, the Regional Forensic Psychiatric Clinic, Växjö, Sweden Magnus Nilsson - Lund University Sofie Westling - Lund University Märta Wallinius - Research Department, Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University, Faculty of Medicine, Department of Clinical Sciences, Lund, Child and Adolescent Psychiatry, Lund, Sweden</p>	

Non-suicidal self-injury (NSSI) is a transdiagnostic issue in forensic psychiatry composing a significant risk for suicide. Inaccurate reports or assessments of NSSI might have crucial consequences since lifetime NSSI remains a risk factor for suicide even if ceasing to self-harm. Existing self-report questionnaires might not be suitable for providing valid information on lifetime nature and frequency of NSSI among individuals with psychiatric comorbidities, as well as extensive NSSI histories. The aim of this study was to test the validity of the Inventory of Statements About Self-Injury by comparing two samples; 98 forensic psychiatric patients and 34 patients from general psychiatry.

Session 23 Paper Presentation: Families, geography and self-harm

1400840 A systematic review of co-occurring self-harm and violence: Is dual harm a unique behavioural construct?

Matina Shafti - University of Manchester

Peter Taylor - University of Manchester

Andrew Forrester - Cardiff University

Fritz Handerer - University of Manchester

Daniel Pratt - University of Manchester

Dual harm is when someone engages in both self-harm and violence. This systematic review assessed whether dual harm is a unique construct with distinct psychological characteristics when compared to self-harm alone and violence alone. Our review of 31 papers identified various factors associated with dual harm, including anger and psychopathy. There was weak evidence that these were uniquely associated with dual harm. Rather, findings suggest that dual harm results from the interaction of risk-factors associated with self-harm and violence. This work highlights the importance of an integrated approach that considers self-harm, violence and their risk factors together within forensic settings.

13:30 - 14:40

Room C3.5 Tailoring treatments/Responsivity

Session 24 Roundtable :1423048 Preventing Bias in MedicoLegal Assessments

Discussants:

Patrick Keyzer - Australian Catholic Univeristy

Philip Morris, AM - Bond University

Ian Coyle - La Trobe University & ACU University & University ofSouthern QLD (Submitter)

In psychiatric/psychological legal reports often one side claims a litigant patient has severe psychopathology while the other side claims that the patient has insignificant psychopathology. Overwhelmingly the method of assessing - the clinical examination - whether the patient suffers any psychopathology is not examined, which is inimical to assessing bias in reports. A new approach is needed. Psychiatric and psychological examinations for medico-legal reports should be audio-recorded and this should form part of the conditions of the Expert Witness Codes of Conduct. The pros and cons of this mooted reform to practice will be discussed.

13:30 - 14:40

Room C3.6 Challenges to Care and Emerging Solutions

Session 25 Symposium: 1423162 Technology of the future in forensic mental health care

Chair: Thimo van der Pol

At Inforsa forensic care, specifically the CrimeLab department, a lot of attention is paid to solving socially impactful problems, with modern and progressive solutions. This symposium focuses on the use of Virtual Reality, wearables and biofeedback, and establishing new ways of information sharing between different agencies involved in delivering the best care possible for forensic youth. The presentations focus on the visual aspect of these technologies to convey the form and content as fully as possible. At the end there will be facilitated a discussion regarding the ethical aspect of using these technologies in youth forensic psychiatry.

Innovative expert network model for adolescents with disruptive behavior problems and multi-problem families to increase urban mental health: a city approach.

Thimo van der Pol

A growing number of evidence-based systemic treatments for adolescents with disruptive behaviour problems exist. However, it is not clear to what extent these treatments have unique and common elements. Identification of common elements in the different treatments would be beneficial for the further understanding and development of family-based interventions, training of therapists, and research. Therefore, the aim of this Review was to identify common elements of evidence-based systemic treatments for adolescents with disruptive behaviour. Several common elements of systemic treatments were identified, showing a strong overlap between the interventions. Investigation of these common mechanisms and techniques could potentially build strong universal systemic treatment and training modules for a broad spectrum of adolescents with problem behaviours (Van der Pol et al., 2019). This paper was the inspiration of the development of the new Expertise Network Model, which is now being researched in the city of Amsterdam. In this presentation, the implication of the paper and the new Expertise Network Model will be presented. Concluding, this Expertise Network Model approach will be linked to new technologies in the field (also formerly discussed in the other presentation) and will discuss the possibilities for the implementation of technologies in Expertise networks.

VRFreedom (Dutch: VRlof): Preparation for the first authorized leave of absence through VR - a feasibility study

Cyilia Hendriks, Jr. - Forensic Criminology

Authorize leave is a crucial step in treating forensic inpatients, as it allows practicing with learned skills and encourages rehabilitation (Porporino, 2010). However, authorized leave can be stressful for patients who have spent time within the walls of a forensic mental health facility, which results into unwanted behavior and incidents. Both the fear of these incidents and the actual incidents happening inside the correctional mental health facility appear to delay applications for authorized leave by treatment providers and extend treatment duration ((Mevis, 2011; Watson & Choo, 2020) . Considering the ever-increasing number of forensic patients, shortage of staff and budget cuts, these developments demonstrate the need for new ways to safely shorten treatment duration and expedite applications for authorized leave (Jansman-Hart et al., 2011; Kuosmanen et al., 2021; Ter Horst et al., 2015; Wild et al., 2018). As a reponse to this hiatus in treatment facilitation, Current presentation covers VRFreedom: the therapeutic and rehabilitative use of Virtual Reality, preparing psychiatric patients for their first authorized leave. It plays on the idea that it is not necessary to be exposed to real-world situations, to re-learn skills needed in the real world. VRFreedom attempts to mimic the practice of real authorized leave with activities like walking outside, going to the supermarket, and

talking to a stranger, to decrease experienced stress beforehand. Current presentation focuses on the steps that have been taken in the completion of a feasibility study amongst 10 forensic psychiatric inpatients in the Netherlands, undergoing the VRFreedom intervention.

Using the Sense-it app to increase interoceptive awareness in (forensic) mental healthcare.

Lisanne Smulders

In forensic mental healthcare, many clients are dealing with aggression problems. Characteristic for this group of clients is that they often only have little interoceptive awareness. There is various treatments aimed at learning to prevent aggressive behavior, but the effectiveness of these treatments is limited. On the other hand, professionals working in residential youth care are exposed to stressful working conditions. Research show that also for professionals, being aware of signals of physical tension enables professionals to adopt a constructive, de-escalating attitude towards clients (Valenkamp, Neve, Sondeijker, & Verheij, 2014). In recent years, the Sense-it app has been developed. The Sense-it app uses a biosensor to give individuals feedback on their physical tension signals. Assumed is that the app will increase interoceptive awareness and out-of-session practice for individuals. Research shows that clients report a decrease in self-reported aggressive behavior; increased interoceptive awareness; and that they feel supported in using coping skills (Ter Harmsel et al., 2021). Current presentation answers the question for whom would the Sense-it app be of added value and why, and discusses what tasks lie ahead in the future in current research field, as initial results of a study on professionals in residential youth care show that the Sense-it app probably is of more added value for clients than for professionals.

13:30 - 14:40

Cockle Bay Room

Session 54: IAFMHS 2023 Student Panel

Alternatives to Academia: The Ins and Outs of Pursuing Industry Jobs in Psychology and Forensic Mental Health

Once again, students and early career professionals are encouraged to attend the 2023 Student Panel, which will take place on June 21st at 1:30pm. Each year the IAFMHS Student Board invites senior academics and career professionals to present about their unique career trajectories and experiences, which serve to offer wisdom and guidance to upcoming and early career professionals. This year Dr. Vindya Nanayakkara and Dr. Quazi Haque will discuss building a career outside of academia, what attendees should know about academic versus "alt ac" jobs, and providing insight for attendees who may also be considering alternative career paths in the future.

Sessions 26 – 30 [14:50 – 16:00]

14:50 - 16:00	Room C3.2 Forensic Mental Health Treatment
<p><u>Session 26 Symposium: 1417718 Reintegration within forensic intellectual disability settings: Understanding characteristics and exploring ways forward for people who seek long term isolation</u> Chair: Mhairi Duff - Auckland Regional Forensic Psychiatry Service, Waitemata District, Te Whatu Ora</p> <p>Within forensic inpatient populations a small sub-group of people can become stuck in some degree of longer term isolation from peers. In the intellectual disability group this may occur for a number of reasons including where the person appears to seek self isolation, resisting attempts to re-integrate within the unit or behaves in ways that makes integration unsafe for peers. Understanding the characteristics and possible reasons is important in formulation and planning interventions with the goal of navigating safe pathways out of forensic services. Through an amalgamated case series and literature review this symposium aims to explore models of intervention.</p> <p>A brief literature of long term isolation within forensic intellectual disability populations Mhairi Duff - Auckland Regional Forensic Psychiatry Service, Waitemata District, Te Whatu Ora</p> <p>Setting the scene for this symposium, a brief overview of the literature describing people who may become stuck in long term isolation within forensic settings is summarised. The emphasis is on people with intellectual disabilities and / or pervasive neuro-developmental disorders. Due to differences in how such populations are managed, literature from both corrections and forensic mental health settings as well as mainstream or specialist disability settings will be included. Although most services will have experience of individuals who become 'stuck' in seclusion, high care areas or otherwise isolated from peers, there is relatively little literature considering the characteristics of this group, considering the potential motivations, functions or reasons that may increase the probability of 'self isolation' or the need for prolonged enforced isolation.</p> <p>Stuck people and stuck services: A care managers view on characteristics of people with intellectual disabilities in forensic settings who are unable to mix freely and safely with peers for prolonged periods of time. Jeffrey Quina - Te Whatu Ora, Waitemata District, Forensic Intellectual Disability Secure Services, Mason Clinic Laura Almenar - Te Whatu Ora, Waitemata District, Forensic Intellectual Disability Secure Services, Mason Clinic</p> <p>A care manager is a statutory role under the Intellectual Disability (Compulsory Care and Rehabilitation) Act in Aotearoa, New Zealand. The care manager has responsibility for developing and supporting the delivery of a care and rehabilitation plan with the goal of moving care recipients to lower levels of security of care and to enable them to safely reintegrate into society or return to mainstream intellectual disability services. For a subgroup of people within our service, in keeping with many other services, some care recipients have difficulties in integrating with peers even within the forensic settings and this poses significant barriers to eventual forward movement out of highly restrictive forensic settings and to the establishment of a 'good life' meeting their individual needs, aspirations and goals safely. This symposium will look at four cases with different formulations. Although they have some overlapping characteristics, they also have significant differences. Following the case presentations and analysis of the dilemmas and challenges such cases pose operationally, clinically and ethically, we will look at some ways of potentially overcoming obstacles</p>	

to reintegration and conclude with inviting the audience to provide examples from their own services and share insights and ideas for management.

Cases from the front line: Cases are presented by nurses describing people with intellectual disabilities in forensic settings who have required various forms of long term isolation from peers.

Catherine Erikson - Te Whatu Ora, Waitemata District, Forensic Intellectual Disability Secure Services, Mason Clinic

Martin Jackson - Forensic Intellectual Disability Secure Services, Te Whatu Ora, Waitemata District, Forensic Intellectual Disability Secure Services, Mason Clinic;

William Lelena - Forensic Intellectual Disability Secure Services, Te Whatu Ora, Waitemata District, Forensic Intellectual Disability Secure Services, Mason Clinic

Geoffrey Azucena - Forensic Intellectual Disability Secure Services, Te Whatu Ora, Waitemata District, Forensic Intellectual Disability Secure Services, Mason Clinic

Four cases are outlined describing people with intellectual disabilities who have required long term management within a hospital service with some degree of isolation from peers. A summary of the form this 'isolation' takes ranging from an individual who was unable to safely tolerate even remote contact with peers to one who requires two staff with him at all times his is engaging with others within the service. Ultimately all require isolation to protect peers, staff, visitors or the public. Some appear to seek isolation and resist efforts to integrate whilst others seek contact but pose significant risks to peers or others. The similarities and differences are highlighted along with consideration of the formulations underlying the behaviours. Each case has had a number of interventions and management plans over periods sometimes spanning decades and across a variety of settings. The successes and failures have shaped the current management plans but do not necessarily move us forward towards an ultimate goal of the person being able to return safely to a less institutional care setting. Efforts to focus on quality of life rather than rehabilitation are discussed. These raise the primary question of the importance of quality of life being defined from the perspective of the individual not the service provider. Finally the ethical dilemmas of use of restrictive practices over longer term periods and the question of whether self isolation is the same as seclusion are discussed.

14:50 - 16:00	Room C3.3 Forensic Services and Programs
Chair: R. Scott	
<u>Session 27 Paper Presentation: Mental Health Court Diversion</u>	
1423086 Lessons learned in ten years of a mental health court in Western Australia	
Chris Hipwood	
Adam Brett	
Daniel Cazangiu	
<p>WA's mental health court is a solution-focused court comprising Department of Health; Community Corrections; Outcare, a non-profit; and several others. The court supports people experiencing mental health challenges who have attracted criminal charges to get better sentencing outcomes, and to reduce future contact with the justice system. Since 2013, the court has been diverting program participants away from custody, and in 2019, was a finalist for the WA Health Excellence Awards. This paper will discuss the features that have made the court a success and will be presented by members of the interagency multidisciplinary team.</p>	

Session 27 Paper Presentation: Mental Health Court Diversion

1423103 A tailored response - How the Assessment & Referral Court listens and responds to people living with complex mental health

Ros J. Porter - Magistrates' Court of Victoria, Assessment & Referral Court

ARC is a pre-sentence, solution-focused court underpinned by principles of therapeutic jurisprudence and recovery-oriented mental health practice that focusses on diverting individuals from the criminal justice system. The presentation will explain the legal framework including eligibility requirements and sentencing process in ARC, as well as its successes and learnings.

Session 27 Paper Presentation: Mental Health Court Diversion

1423152 Release and Recidivism Outcomes for NSW Forensic Patients with Traumatic Brain Injury

Tara van Zeist - School of Psychology, University of New South Wales, ANZAPPL

Amanda J. White - School of Psychology, University of New South Wales, ANZAPPL

Individuals with a traumatic brain injury (TBI) are overrepresented in forensic settings. Diversionary pathways for offenders with mental health issues or cognitive impairments, such as the NSW Mental Health Review Tribunal (MHRT), were established to address such issues. The aim of this study was to investigate whether the MHRT in NSW is effective at reducing reoffending for this subgroup. This study concluded that, despite being under the supervision of the MHRT for similar periods of time, the MHRT may not be as effective in addressing reoffending for offenders with a TBI compared to those without.

14:50 - 16:00

Room C3.4 Forensic /Risk Assessments

Session 28 Symposium : 1422406 Racial disparities in risk assessment: measurement, detection, and the search for solution

Chair: Benjamin L. Spivak - Centre for Forensic Behavioural Sciences

Risk assessment instruments are employed in the criminal justice system to measure the probability of recidivism and to guide decision making around treatment, detention and sentencing. In recent years, several journalistic exposes and academic studies have identified considerable racial disparities in performance using these instruments. This symposium will examine the issues of racial disparities in risk assessment and report on two separate programmes of research examining these issues in an Australian context.

Fairness in risk assessment: Detecting, understanding and reducing racial disparities in risk assessment accuracy

Benjamin L. Spivak - Centre for Forensic Behavioural Sciences

In 2018, an expose published on the website ProPublica reported large racial disparities on a pre-trial risk assessment instrument in the United States. The reporting started a new wave of interest in the 'fairness' of risk assessment instruments for use with different groups across the world. The research that has since unfolded has demonstrated that the issue of racial disparities is more complicated than it may seem at first glance, with conflicting notions of fairness and methodological challenges requiring careful consideration. There have also been substantial advances in our understanding of approaches that may reduce disparity and improve how fairly these instruments operate. This

presentation will provide an overview of the state of the research landscape and reflect on some of the key challenges presented for both researchers and stakeholders.

The Cross-Cultural Fairness of the LS/RNR: An Australian Analysis

Linda J. Ashford - Centre for Forensic Behavioural Sciences, Swinburne University of Technology

Cross-cultural research into violence risk assessment tools has often identified relatively comparable discriminant validity. However, other definitions of fairness which could disadvantage certain cultural groups are rarely addressed. This study explored the discriminant validity and fairness of the Level of Service/Risk Needs Responsivity (LS/RNR) within a sample of violent Australian offenders (Indigenous n = 194; non-Indigenous n = 258). It further explored the use of statistical approaches to increase the discriminant validity and fairness of the LS/RNR. Discriminant validity was assessed with area under the curves (AUC). Error rate balance, calibration, predictive parity, statistical parity, and the cross area under the curve (xAUC) were used to determine fairness. Statistical approaches were then utilised to see if the AUC and fairness could be improved. The LS/RNR was found to have relatively comparable levels of discriminant validity across the two groups, although the AUCs were low to moderate in effect size. Notable fairness disparities were identified, with Indigenous individuals scoring higher on the LS/RNR, being predicted to reoffend more, and being incorrectly classified as high risk more often. Statistical approaches for increasing the AUC and fairness were found to have a minimal impact on the AUC, yet significantly increase the fairness between Indigenous and non-Indigenous individuals. The findings highlight that comparable discriminant validity does not signify a cross-culturally fair risk assessment tool. This study also demonstrates different statistical approaches that are useful for increasing fairness. Further, the trade-offs that exist between certain fairness definitions and between fairness and accuracy are addressed.

Aboriginal and Torres Strait Islander Perspectives on Forensic Risk Assessment

Samantha Venner - Centre for Forensic Behavioural Sciences, Swinburne University of Technology

Risk assessment instruments are widely used in correctional settings with offenders from diverse cultural backgrounds to estimate risk of recidivism and aid in decision-making and treatment planning. However, many of these instruments, including the Level of Service/Risk, Need, Responsivity (LS/RNR), are validated on predominantly Western populations, and thus may not capture the cultural norms, beliefs and experiences of non-Western communities. Prior studies have identified differences in the LS/RNR's ability to predict offending for different cultural populations. Furthermore, research has questioned whether the factors included in the LS/RNR adequately capture the experiences and needs of Aboriginal and Torres Strait Islander people. The current study aimed to canvas the opinions of Aboriginal and Torres Strait Islander community justice workers as to the suitability of the LS/RNR for use with Aboriginal and Torres Strait Islander offenders. A general qualitative methodology was adopted to gain in-depth information through the facilitation of a focus group, and data was analysed thematically. Whilst participants agreed that the LS/RNR risk factors are relevant to Aboriginal and Torres Strait Islander offenders, they reported that the instrument did not adequately capture relevant culturally-specific considerations, and made suggestions as to how the instrument could be improved for use with Aboriginal and Torres Strait Islander offenders.

14:50 - 16:00

Room C3.5 Tailoring Treatments/ Responsivity

Chair: K. Dean

Session 29 Paper Presentation : Lived experience, including First Nations peoples

1423108 Co-production in forensic mental health: How 'co-' can you go?

Shelley Turner - Forensicare

'Co-production' is rapidly gaining hold as a core concept and practice in mental health policymaking and research. Although a disputed term, there is consensus that co-production entails equal power-sharing between those who design and provide services with those who use them. Co-production promises transformation, where people with lived experience of the system upend existing power structures and shape how things work. But in forensic, criminal justice settings, where hierarchical and asymmetrical power structures are innate, how realistic is it to imagine "service users" sharing equal decision-making power. This paper considers in forensic mental health, how 'co-' can you go?

Session 29 Paper Presentation : Lived experience, including First Nations peoples**1417187 First Nations Peoples' experiences of the forensic mental health system in NSW and outcomes post-release**Kimberlie Dean - University Of New South Wales; Justice Health and Forensic Mental Health Network
Elizabeth McEntyre - Independent Aboriginal-Led Research Consultant

Little is known about the experiences of First Nations Peoples in contact with forensic mental health systems, even though they are over-represented in justice settings. This study aimed to examine the characteristics, outcomes, and experiences of First Nations forensic patients by analysing quantitative data obtained from the NSW Forensic Patient Database and qualitative data collected from interviews with First Nations forensic patients and their family members. Participants reported that forensic mental health services did not meet their needs in many areas and the quantitative analysis indicated poorer post-release justice outcomes for First Nations forensic patients.

Session 29 Paper Presentation : Lived experience, including First Nations peoples**1422505 A description of a Māori, minimum secure, forensic mental health unit: A step toward equity**Julie Wharewera-Mika - Auckland Regional Forensic Psychiatry Services
Trudie Field - Auckland Regional Forensic Psychiatry Services
Nick Wiki - Auckland Regional Forensic Psychiatry Services
Chummie Thomson - Auckland Regional Forensic Psychiatry Services
Brian Mckenna - Auckland University of Technology

Indigenous people have a right to culturally responsive forensic mental health services (FMHS). This study provides an exemplar of a culturally responsive secure unit for Māori in Aotearoa (New Zealand). A Māori research approach was used to highlight the voice of service users, their family and staff in describing life on this unit.

Personal recovery was evidenced through developing cultural identity. This was combined with a focus on collective identity to enable skill development to thrive on community reintegration. Challenges to progress are discussed. Impetus is provided for the transformation of FMHS to meet the needs of Indigenous peoples.

Session 29 Paper Presentation : Lived experience, including First Nations peoples**1416132 Aboriginal and Torres Strait Islander patient experiences of a custody-to-community transition support program**

Lochlan Peters - University of New South Wales

Makayla Reynolds - University of New South Wales

The transition period from custody to community is one of high health service need for people with mental illness. Previous studies suggest that transition care is needed to improve post-release health and justice outcomes. In Australia, there is also urgency to focus on the mental health and wellbeing needs of Aboriginal and/or Torres Strait Islander peoples. In this presentation, we report findings from qualitative interviews with patients of an existing custody-to-community transition program. Critically, we highlight the experiences of Aboriginal and/or Torres Strait Islander patients and discuss how these findings can improve services, with specific focus on interventions that include culturally informed and appropriate support.

14:50 - 16:00

Room C3.6 Challenges to Care and Emerging Solutions

Session 30 Roundtable : 1423009 Child and adolescent forensic psychiatry in Australia and New Zealand - the critical issues

Discussants:

Enys Dalmage

John Kasinathan - Clinical Director Justice Health NSW; UNSW

Yolisha Singh

Marshall Watson

Scott J. Harden - Forensic Child and Youth Mental Health Service Children's Health Queensland (Submitter)

Child and adolescent forensic psychiatry is a relatively new superspeciality with formal organisation within the Royal Australian and New Zealand College of Psychiatrists only 10 years ago from May 2013. The pressing issues facing the superspeciality in Australia and New Zealand are criminal responsibility in young people, service systems and equity, risk and threat management, civil injury assessment, workforce and progressing a research agenda. These issues will be canvassed robustly in conversation with the leaders in the field gathering in Sydney for the 10th Anniversary of their formal coming together.

14:50 - 16:00

Cockle Bay Room

RISC- Team Special Interest Group (SIG) Meeting

Chair: Stephanie Penney

The purpose of the RISC-TEAM special interest group (SIG) is to promote interest, understanding, best practice and support in all aspects of violence risk assessment and management. The RISC-TEAM aims to be a resource for all disciplines involved in such activities: lawyers and administrators, as well as psychologists, psychiatrists, nurses, social workers, and other involved professionals. It aims to be an international resource on violence risk assessment and management. The mission of the group is to reflect the interests of the diverse professional membership of the IAFMHS. The combined knowledge and experience of the RISC-TEAM will be available to its membership as a resource on matters related to risk assessment and management, specifically relating to clinical practice, research, education, and policy and administration. The RISC-TEAM will create

opportunities for collaboration across institutions and jurisdictions in the conduct of research and training, and will be a source of information for the IAFMHS membership on issues pertaining to risk assessment and management in forensic mental health settings. The RISC-TEAM will offer standards and guidelines for good practice in key tasks of risk assessment and management in forensic mental health settings.

Sessions 31 – 35 [16:30 – 17:40]

16:30 - 17:40	Room C3.2 Forensic Mental Health Treatment
<p>Session 31 Roundtable: 1422949 Organizing the multidisciplinary International Association for Firesetting Intervention, Research and Evaluation (IFIRE): An Opportunity for Forensic Mental Health Professionals</p> <p>Discussants:</p> <ul style="list-style-type: none"> Joanna E. Foster - Fabcic Nichola Tyler - Victoria University of Wellington Rachael Utumapu - Fire and Emergency Services, New Zealand <p>Robert Kinscherff - Center for Law, Brain & Behavior, Massachusetts General Hospital, Harvard Medical School (Submitter)</p> <p>This Roundtable describes the International Association for Firesetting Intervention, Research and Education (IFIRE). It reviews current multidisciplinary and multinational responses and professional practices addressing prevention/intervention with the misuse of fire. Challenges and opportunities of forming an international multidisciplinary organization are discussed. Roundtable participants include: Joanna E Foster MSt Cantab, PGC, BA (Hons) Oxon, Fabcic (United Kingdom); Robert Kinscherff, PhD, JD (Center for Law, Brain & Behavior, Massachusetts General Hospital, USA); Nichola Tyler PhD (Firesetting and Forensic Mental Health Lab, Victoria University of Wellington, New Zealand); Rachael Utumapu QSM (Fire Awareness and Intervention Programme Specialist, Fire and Emergency New Zealand).</p>	

16:30 - 17:40	Room C3.3 Forensic Services and Programs
<p>Chair: M. Daffern</p> <p>Session 32 Paper Presentation : Specialist services and models of care 1422546 Enhancing understanding and prevention of crisis mental health presentations following police-reported family violence victimization and perpetration</p> <ul style="list-style-type: none"> Nina Papalia - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health Melanie Simmons - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health Benjamin Spivak - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health 	

Michael Trood - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health
 Troy McEwan - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health

Family violence (FV) is a leading contributor to Australia's burden of suicide and self-harm, for children and adults, males and females. People presenting to emergency departments (EDs) for mental-health-related problems, like self-harm, substance abuse, and other crises, are at increased risk of repeat presentations, suicide, and other deaths. This research addresses a significant knowledge gap by investigating the prevalence and predictors of mental-health-related ED presentations among 2990 police-reported FV perpetrators and victims. Aligning with calls for 'whole-of-government', multi-agency responses to mental health, we identify opportunities for justice, health, and other agencies to help prevent serious mental-health-related harms associated with FV.

Session 32 Paper Presentation : Specialist services and models of care

1422552 The evolution of a forensically informed general adult community mental health service in West Auckland, New Zealand

James Cavney - West Auckland Adult Mental Health Services, Te Whatu Ora, Waitemata

This paper describes the evolution of a forensic community treatment model within the Waitemata region, Auckland, New Zealand. Whilst a specialist forensic consultation model for non-specialist forensic mental health teams has been in operation for many years, more recent innovations in have included the establishment of a dedicated forensic community liaison nurse, a crisis co-response team (of cultural advisors, police and mental health staff), and the establishment of a specialist rehabilitation service as component parts of a more coordinated system to better address the needs of mental health service users navigating the interface of forensic and community mental health services.

Session 32 Paper Presentation : Specialist services and models of care

1423035 Community Transitions Trial: A process evaluation on supporting release from custody

Vindya Nanayakkara - Justice Health and Forensic Mental Health Network

Jennifer Shaw - Manchester University

Charlotte Lennox - Manchester University

Kath Jones - Justice Health and Forensic Mental Health Network

Over the last three decades, studies highlighting the poor outcomes among those leaving prison have informed the development of custody-to-community integration services, especially for those with serious and enduring mental illness. In this presentation, we will focus on a recent pilot of a community based, prison in-reach service which offered assertive supports to those with serious mental illness leaving custody. The outcomes of a process evaluation will be presented to inform future service development and improve health and justice outcomes for people with serious mental illness leaving prison.

Session 32 Paper Presentation : Specialist services and models of care

1422467 Fixated Threat Assessment Centres: a different approach to recovery and reintegration

Justin Barry-Walsh - Fixated Threat Assessment Centre New Zealand

The first Fixated Threat Assessment Centre (FTAC) was established in the United Kingdom in 2006 following the work of the Fixated Research Group researching those who approach and threaten members the Royal family. This saw the novel approach of police and psychiatric services working together in a co-located space. Since then this model has been developed and utilised in Australia, New Zealand and elsewhere in Europe.

They are prevention focused; involve co-working of police and mental health. There is growing evidence of their value for people with mental illness who may not otherwise receive the support and treatment they need. They provide opportunities to assist the disaffected, and fixated who are not mentally ill. This presentation will outline how this is achieved with recent data from the New Zealand service and overseas research.

16:30 - 17:40	Room C3.4 Forensic/Risk Assessment
<p>Chair: R. Scott</p> <p><u>Session 33 Paper Presentation: Risk Assessments</u></p> <p>1423034 Can Machine Learning Improve Prediction of Inpatient Aggression? Melanie Simmons - Department of Justice and Community Safety & Centre for Forensic Behavioural Science, Swinburne University of Technology Benjamin Spivak - Centre for Forensic Behavioural Science, Swinburne University of Technology and the Victorian Institute of Forensic Mental Health</p> <p>Machine learning techniques may be the next frontier of risk assessment, particularly as electronic patient management systems can provide a wealth of data for an algorithm. We investigated whether using machine learning techniques or adding data from a patient management system improved the prediction of inpatient aggression. We compared the predictive accuracy of the Dynamic Appraisal of Situational Aggression (DASA) total score to machine learning models using 1) DASA items; 2) DASA items + recent aggression; 3) DASA items + patient management system data. While machine learning techniques may improve prediction, services must consider the trade-off between accuracy and feasibility.</p>	
<p><u>Session 33 Paper Presentation: Risk Assessments</u></p> <p>1423121 Stop Being Silly! You Cannot Assess Risk for Terrorism Michael R. Davis - Michael Davis Forensic Psychology Pty Ltd</p> <p>Australian legislation permits the post-sentence supervision and detention of terrorists based on risk. However, risk tools for terrorism have not been developed or validated to answer such questions. It will be explained from a mathematical perspective that even if a tool could achieve comparable classification accuracy to other instruments, the extremely low base rate of recidivism would still make this a flawed practice. For every recidivist terrorist identified there will be a huge number of false positives. Accordingly, it will be argued that short-term threat assessment of terrorists is arguably possible with appropriate caveats, but long-term risk assessment is not.</p>	
<p><u>Session 33 Paper Presentation: Risk Assessments</u></p>	

1423405 Violence risk prediction in mental health inpatient settings using dynamic appraisal of situational aggression (DASA)

Roland M. Jones - Centre for Addiction and Mental Health / University of Toronto

Mario Moscovici - University of British Columbia

Farhat Farrokhi - Centre for Addiction and Mental Health

Lavanya Vangala - Centre for Addiction and Mental Health

Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto

Paul Kurdyak - Centre for Addiction and Mental Health

We investigated the validity of the Dynamic Appraisal of Situational Aggression (DASA) in both forensic and non-forensic inpatient units. 3819 patients admitted at CAMH (Centre for addiction and mental health) between 2016 and 2019 were part of our retrospective study. DASA validity was evaluated by using time-to-event analysis with the outcome variable being the occurrence of the first violent incident or first restraint event.

We found that DASA score was significantly associated with an increased risk of violence in all settings. We discuss new violence risk categories based on the DASA score to improve the specificity

Session 33 Paper Presentation: Risk Assessments

1422918 Comparing the Predictive Validity of Sexual Recidivism Risk Assessment Instruments for Individuals With and Without Intellectual Disabilities

Perry A. Callahan - Fordham University

Elizabeth L. Jeglic - John Jay College of Criminal Justice

Cynthia Calkins - John Jay College of Criminal Justice

While individuals with intellectual disabilities (ID) comprise a significant proportion of those who sexually offend, studies have produced mixed results regarding the predictive validity of actuarial risk assessment instruments for these individuals. The present study examined the accuracy of three measures aimed at predicting sexual recidivism using archival data for 2,699 men formerly incarcerated in U.S. prisons for sexual offenses. Preliminary results indicate similar rates of recidivism for those with and without ID; however, risk assessment instruments were less accurate for those with ID, suggesting that mainstream tools for evaluating risk may be inappropriate for this population.

16:30 - 17:40

Room C3.5 Tailoring Treatments/ Responsivity

Session 34 Symposium: 1421744 Spotlight on Emerging Evaluation Research in Mental Health Courts

Mental health courts represent one approach to intervene and deliver services for individuals with mental illnesses who become involved in criminal-legal systems. These programs now exist across the globe and are defined as a specialized court docket for individuals with mental illnesses. The purpose of this symposium is to highlight emerging, international evaluation research on mental health courts. Topics will include process evaluation of court operations, evaluation of client and court outcomes, and perspectives of court stakeholders. Through discussion of emerging research questions and methodologies to evaluate such programs, findings will inform future work in this area.

Justice and mental health support programs: Mental Health Courts in Quebec (Canada) from the perspectives of professionals

Anne G. Crocker - Université de Montréal

Genevieve Nault - Université Laval

Audrey-Anne Dumais-Michaud - Université Laval

Yanick Charette - Université Laval

There are now over 30 Mental Health Court-like programs in the province of Québec, Canada. Coined Justice and mental health support programs, they are being implemented in both municipal and provincial courts. As these programs continue to gain in popularity, our research team of the Justice and Mental Health Observatory was mandated by the Ministry of Justice to conduct research in order to inform the development of provincial guidelines in the matter. Our research aims to document and evaluate mental health court programs in Québec to determine their impact on participants' justice and healthcare trajectories and determine if they meet the needs of justice-involved individuals with mental health problems who participate in these programs, as well as the expectations of stakeholders. To meet these objectives, we implemented a triangulated sequential mixed-method project. These methods target different populations to obtain the perspective of different stakeholders. This paper presents preliminary results from qualitative interviews (n=42) with Justice and mental health support program team members including prosecutors, defence attorneys, frontline workers, judges and probation officers. In this paper we present the perspective of these professionals regarding the objectives and expectations of these mental health court-like programs, their roles within these programs, and the benefits and challenges of adopting a multidisciplinary approach, as well as the benefits of these programs for participants, the challenges participants can face and the impact of these programs on access to mental healthcare.

A process and outcome evaluation of the Saskatoon Mental Health Strategy Court

Alexandra Zidenberg - King's University College

Lisa Jewell - University of Saskatchewan

Ashmini Kerodal - Oregon Criminal Justice Commission

Background: Mental health courts strive to divert justice-involved persons living with mental illness away from the traditional court system by integrating treatment provisions with principles of the law (Schneider et al., 2007). The Saskatoon Mental Health Strategy (MHS) Court was established to meet the needs of individuals with mental health or cognitive needs progressing through the criminal justice system (Barron et al., 2015). This presentation will detail the full process and outcome evaluation of the Saskatoon MHS Court and includes a discussion of the successes and challenges of the operation of the Court. Methods: Data for the population of justice-involved persons living with mental illness who were involved in the Saskatoon MHS Court (n=89) was obtained with supporting information from other agencies. Semi-structured interviews were also conducted with a purposeful sample of nine professionals involved in the Saskatoon MHS Court. Results: Results indicate that there were reductions in key police and health outcomes from pre- to post-program entry. There were increases in convictions and court cases, indicating that the Court may not be fully accomplishing its goals of diversion. Qualitative results were divided into three main themes (balancing priorities and viewpoints, resources, and connections) with corresponding subthemes. Despite challenges, professionals thought that the Court was meeting its goals by treating the underlying causes of offending behaviour. Conclusion/Impact: Suggestions for improving the overall effectiveness and functioning of the Court will be discussed.

The Queensland Mental Health Court: A unique model

Scott J. Harden - Forensic Child and Youth Mental Health Service Children's Health Queensland

The state of Queensland in Australia has a unique mental health court system that is a Superior/Supreme Court with decision making jurisdiction regarding references to it to do with soundness of mind (insanity) or fitness for trial of more serious offences in the criminal justice system. This system has been in place since 1985 and has 2 senior mental health clinicians advising the decision-making Judge. The court is uniquely placed to make dispositional decisions regarding mental health matters and results in enormous efficiencies with regard to court and practitioner time as well as the therapeutic benefits of a specialist court with an understanding of mental health matters. The court deals with approximately 200 such cases per year sitting on approximately 60 days. This presentation will briefly describe the origins of the court, its operations and metrics and the cost savings associated with this process as well as the relative strengths and weaknesses of the system.

16:30 - 17:40	Room C3.6 Challenges to Care and Emerging Solutions
<p>Chair: K. Dean</p> <p><u>Session 35 Paper Presentation: Legal Concepts and Issues</u></p> <p>1422791 Evaluating alternative scoring models of the Inventory of Legal Knowledge Michael Vitacco - Augusta University Emily Gottfried - Medical University of South Carolina</p> <p>Competency to proceed to trial are the most frequently conducted evaluations. One concern is that an individual will feign lack of legal knowledge in order to be found not competent. The Inventory of Legal knowledge (ILK) is designed to detect this type of feigning. Using two samples of forensic inpatients (n=210) who underwent competency evaluations, this study evaluated the ILK-90 and ILK-95, alternative scoring algorithms. Results indicated that these newer scales appeared less biased toward individuals with intellectual development disorder; however, these two scales remained correlated with intellectual functioning. Pros and cons of the new scales are discussed.</p>	
<p><u>Session 35 Paper Presentation: Legal Concepts and Issues</u></p> <p>1406799 Daniel M'Naughten: Life of the man who made the rule every psychiatrist knows Robert Kaplan - School of Medicine, University of Western Sydney; History Department University of Stellenbosch</p> <p>Daniel M'Naughten achieved legal fame by his murder of Edward Drummond, the secretary to the Prime Minister Sir Robert Peel. The trial that followed revolved around the issue of his insanity. The defence argued that he had monomania which made him insane and therefore not guilty. The finding that M'Naughten was not guilty by virtue of insanity caused a sensation. The Lords defined what we now know as the M'Naughten Rule. Daniel M'Naughten, the man whose actions led to the Rule, was largely forgotten. He was confined to the Bethlem Hospital, later Broadmoor where he died in.</p>	
<p><u>Session 35 Paper Presentation: Legal Concepts and Issues</u></p> <p>1423084 Navigating Confidentiality in Forensic Settings Kerri Eagle - University of New South Wales Corrie Goodhand - University of New South Wales</p>	

Legislative requirements for the protection of health information provide a minimum standard that does not necessarily incorporate the ethical and professional responsibilities of health care providers in forensic settings. Preventative detention regimes and an apparently risk averse legal system that increasingly relies on risk assessment processes further complicates issues of health privacy, potentially increasing the already heightened vulnerability of offenders with severe mental illness. An overview of the current National, State and Territory privacy legislation and caselaw is provided and recommendations for an approach to the protection of health information in forensic contexts.

Session 35 Paper Presentation: Legal Concepts and Issues

1423358 Reforming the Orleans Justice Centre in the US: Observations from an Australian warden

Astrid Birgden - Orleans Parish Sheriff's Office

The OJC is a 1000-bed remand jail which is currently monitored by the federal government due to ongoing dysfunction- "a hotbed of rampant violence, organized crime, and institutional wrongdoing". In May 2022, a new Sheriff commenced on a progressive reform platform: (a) the Consent Monitor to meet the constitutional rights of the residents; and (b) the recommendations of a 150-member Transition Committee. The most pressing goals are to reduce interpersonal violence and improve the well-being of both the residents and staff. This presentation will map out strategies that hope to create a safe, secure and humane jail: An enormous task.



BUILDING ON OUR RICH HISTORY IN FORENSIC MENTAL HEALTH RESEARCH

WAYPOINT CENTRE FOR MENTAL HEALTH CARE, ONTARIO CANADA

As the health care system continues to transform, Waypoint is thrilled to have launched a new Research and Academics Plan with four other Enabling Plans: the Clinical Services Plan, Quality, Risk and Safety Plan, People Plan and a Digital Health Plan. For the first time these plans have been integrated for deeper synergies and the highest impact for patients/clients and families, staff, partners and the well-being of all.

The Research and Academics Plan sets forth an ambitious agenda with the Waypoint Research Institute striving to be a national and global leader in forensic mental health research. Our goals also include deepening patient-oriented forensic research and practice, and expanding the academic learner portfolio.

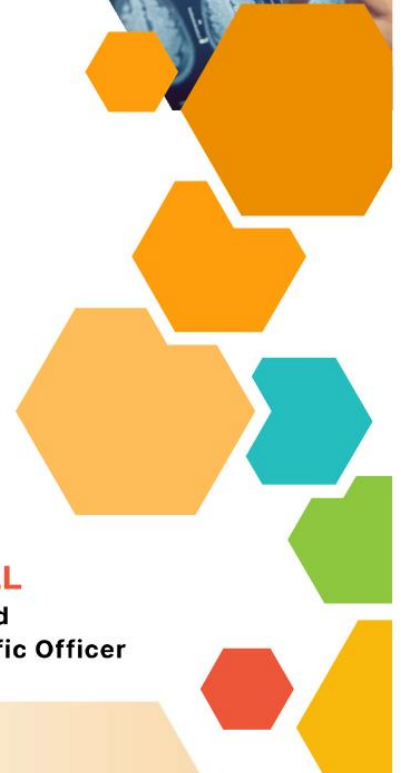
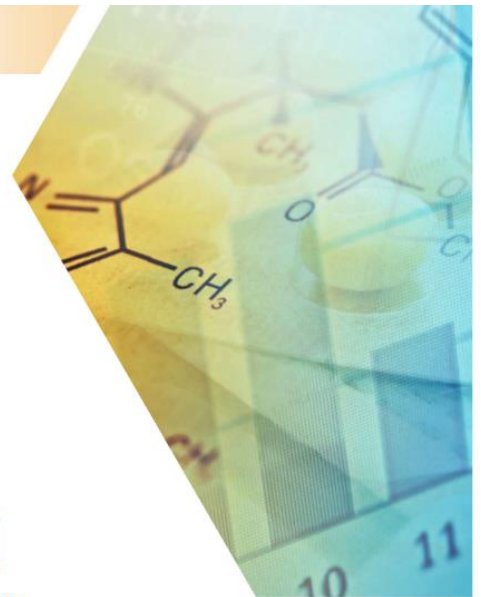
To learn more about Waypoint, our new Enabling Plans and the Waypoint Research Institute please visit waypointcentre.ca.



DR. NADIYA SUNDERJI
President and CEO



DR. BERNARD LE FOLL
Vice-President, Research and Academics and Chief Scientific Officer



Thursday, June 22

Sessions 36 – 39 & 51 [09:00 – 10:10]

09:00 - 10:10	Room C3.2 Forensic Mental Health Treatment
<p><u>Session 36 Roundtable: 1400828 Speech pathology in forensic mental health - what's the value in that?!</u></p> <p>Discussants:</p> <ul style="list-style-type: none"> Cate Barrett - The Park Centre for Mental Health Berni Dahlenburg - Forensic Child & Adolescent Mental Health Service, South Australia Kate Fanning - Forensicare Mary Woodward - Speech Pathology Australia (Submitter) <p>Individuals accessing forensic mental health services are at significantly greater risk of experiencing communication and/or swallowing difficulties than the general population. However, speech pathology, with expertise in managing these disorders, is an under-recognised discipline in Australian forensic mental health services. This roundtable will feature discussion of some of the ways in which speech pathology can add value to a forensic mental health service, the multidisciplinary team, and the individual clients' outcomes. Health economic modelling data will be presented, alongside anonymised case examples illustrating how speech pathology can positively impact youth and adult forensic mental health, in community, or in-patient/custodial settings.</p>	

09:00 - 10:10	Room C3.3 Forensic Services and Programs
<p>Chair: C. Matthews</p> <p><u>Session 37 Paper Presentation: Reoffending and Release Outcomes</u></p> <p>1423002 Outpatient Commitment in the United States: Program Structure, Judicial Involvement, and Perceptions of Program Success</p> <ul style="list-style-type: none"> Jay Gonzales - Fordham University Barry Rosenfeld - Fordham University Merrill Rotter - Albert Einstein College of Medicine <p>Outpatient commitment is an important mechanism for court-ordered treatment that is less restrictive than inpatient commitment for individuals who have a history of being in and out of inpatient programs. Despite being around since the 1980s, there is little understanding of what elements of outpatient commitment programs promote positive outcomes, for whom outpatient commitment appears most successful, and what impact judicial involvement has on outcomes. This study seeks to better understand the landscape of outpatient commitment across the United States through semi-structured interviews with people involved with outpatient commitment programs and learn more about what promotes positive outcomes for whom.</p>	

Session 37 Paper Presentation: Reoffending and Release Outcomes

1423290 The role of emotional empathy, adverse childhood events, and emotion management in post restorative justice intervention recidivism rates of prisoners

Alexa Barrett - University of Nebraska-Lincoln
 Patrick Duryea - University of Nebraska-Lincoln
 James Jones - Community Justice Center
 Gideon George - University of Nebraska-Lincoln
 Sandra Pavelka - Florida Gulf Coast University
 Dennis McChargue - University of Nebraska-Lincoln

The current study aimed to test the hypothesis that a brief restorative justice intervention (bRJI) would reduce recidivism rates and that psychological processes would influence the reduction among prior prisoners (n = 678) released from prison. Five-year recidivism rates were 5.8% of the cohort, which is substantially lower than national norms. Increases in emotional empathy pre- to post-bRJI were related to the use of emotion management techniques one-week post-intervention and adverse childhood events among those that were recidivated. Implications about the importance of emotion regulation and childhood trauma are discussed

Session 37 Paper Presentation: Reoffending and Release Outcomes

1422979 Demographic characteristics and reoffending outcomes among offenders participating in the EQUIPS suite of programs in NSW correctional settings

Emma L. Barrett - The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney
 Marlee Bower - The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney
 Mark Howard - Corrections Research Evaluation and Statistics, Corrective Services NSW
 Michael Doyle - Centre for Research Excellence in Indigenous Health and Alcohol, University of Sydney
 Lexine Stapinski - The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

The EQUIPS programs, based on the Risk-Needs-Responsivity model, are implemented by Corrective Services NSW to reduce reoffending. This study explores the profiles of EQUIPS participants and their reoffending outcomes. Administrative data for adult offenders referred to EQUIPS between Jan 2015 - Dec 2018 (N=18,963) was examined and linked to court records held in the Reoffending Database at the NSW Bureau of Crime Statistics and Research. Analyses revealed that completion of EQUIPS was associated with a 24% decrease in the likelihood of serious reoffending 12 months post-release. This study provides important insights into the profiles and reoffending outcomes among EQUIPS participants.

Session 37 Paper Presentation: Reoffending and Release Outcomes

1421749 Community treatment and violence: What happens to the insanity acquittee after release

Samantha Sandlin - Augusta University
 Savanna Coleman - Augusta University
 Michael Vitacco - Augusta University

A systematic review of fourteen studies from 2014 to 2022 of not guilty by reason of insanity acquittees on conditional release was conducted. The review found that although NGRI acquittees have more violent index offenses, they have low rates of violent recidivism and moderate rates of return to forensic facilities. Further, the more violent the individual's offense, the less likely the acquittee was to reoffend. Implications for risk assessment and community support will be given in this presentation. Special attention will be given to empirically-supported risk factors and community-based programming including medication management and the need for substance abuse treatment.

09:00 - 10:10

Room C3.4 Forensic/ Risk Assessment

Session 38 Symposium: 1421469 Enhancing the Dynamic Appraisal of Situational Aggression and the Aggression Prevention Protocol (eDASA+APP)

Chair: Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology

The Dynamic Appraisal of Situational Aggression (DASA) was designed to appraise risk of imminent aggression. Used in conjunction with the Aggression Prevention Protocol (APP), eDASA+APP provides a risk-oriented framework for nursing intervention following assessment that has been shown to limit use of restrictive interventions and reduce aggressive behaviour. This symposium will introduce the DASA+APP, discuss advances including a pilot in Finland, and development of Entrustable Professional Activities, which define and assess APP interventions. A recent study will also be discussed investigating whether interaction of the DASA unit average score, as a measure of unit instability/atmosphere, adds to the predictive validity.

Assessing the interaction of individual and unit average DASA scores to assess risk of imminent on aggression

Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology

Melanie Simmons - Centre for Forensic Behavioural Science

Tess Maguire - Swinburne University of Technology/Forensicare

Inpatient risk assessment has typically focused on an individual's risk of aggression, without consideration of interpersonal context. This research explored whether the DASA unit average score, as a measure of unit atmosphere/instability, or an interaction between the unit average and an individual's DASA score was associated with imminent aggression. Cox regression with repeated assessments and recurrent events was used to analyse 11,243 DASA risk assessments from 113 patients over the course of the study. Results suggested the unit DASA average score was not related to aggression towards staff and there was a negative interaction between the individual and unit DASA average scores. High-risk patients were engaged in less aggression when the unit average score was elevated relative to units with lower DASA average scores. This unexpected finding may be because there were more nursing interventions when the unit was less stable and/or patients engaged may have engaged in more self-regulation on unsettled units (e.g., retiring to their room to avoid other unsettled patients), thereby reducing aggression.

eDASA+APP in Finland: A pilot study in four inpatient units

Tella Lantta - University of Turku

Maria Ameen - Hospital District of Helsinki and Uusimaa, Division of Psychiatry

Jenni Anttila - Hospital District of Helsinki and Uusimaa, Division of Psychiatry

Tero Laiho - City of Helsinki

Tinja Rautiainen - University of Turku

Jaakko Varpula - University of Turku

Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology

Tessa Maguire - Swinburne University of Technology

Short-term violence risk assessment has not been a standard practice for Finnish mental health care services. The largest hospital district (HUS) in Finland (a catchment area of 2.2 million citizens)

established a project together with academic researchers to develop violence prevention practices. HUS has approximately 25 inpatient units for adults, including both general, geriatric and forensic mental health units. This project selected eDASA+APP model (electronic DASA + aggression prevention protocol), developed in Australia, to be modified for the Finnish context by utilizing a co-creation process. The Finnish version was integrated into EPIC (an American healthcare software company) -based electronic health record. As a novel approach, staff are instructed to use the eDASA+APP together with consumers as part of collaborative bedside documentation. A pilot study was run before larger-scale testing of the eDASA+APP. In four closed inpatient units, the feasibility of the model was explored. The pilot study included an eLearning module for nurses and face-to-face training for nurse managers and champions. Feasibility was explored in the following ways: by collecting training usage data and feedback after the eLearning module, by monitoring the use of the model in the units during the pilot, by collecting unit-level data from the electronic health record about the real use of the model, with anonymous feedback survey, and in feedback workshops after the pilot. The feasibility data will be collected during January 2023. The co-creation process and the pilot results will be shared in the symposium.

Development of nursing Entrustable Professional Activities to enhance the application of the Aggression Prevention Protocol

Tess Maguire -Centre for Forensic Behavioural Science/Forensicare

Loretta Garvey - Federation University

Georgina Willetts - Federation University

Brian McKenna - Auckland University of Technology/Auckland Regional Psychiatry Service

Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology

Two recent studies testing the eDASA+APP produced reductions in aggression and reliance on restrictive interventions (restraint and seclusion). To encourage broader application, we have considered the optimal means to provide training. This presentation describes a recent study which investigated risk assessment methods and prevention of aggression training to determine the best way to educate nurses in the use of the DASA + APP. One of the recommendations from this study was the need for a blend of online and face-to-face training with built in assessment to ensure learners have acquired adequate levels of competence to deliver the APP interventions.

Competency standard frameworks have been criticised for breaking down tasks resulting in loss of practical value. A more meaningful assessment is to determine a person's ability to integrate multiple competencies to provide optimal consumer care. Entrustable professional activities (EPAs) are a way defining and assessing daily practice. This presentation will discuss the development of EPA's for the eDASA+APP via a series of focus groups with mental health nursing experts. Results suggest the EPAs can be used to assess learner's readiness to transition between learning and professional practice of the eDASA+APP. The EPAs were also seen to fill a current practice gap, where the focus of assessment is on physical restraint techniques as opposed to skills such as de-escalation and limit setting. Participants suggested the EPAs could also be used to assist practice by providing consistency and enhancing documentation.

09:00 - 10:10

Room C3.5 Tailoring Treatments/ Responsivity

Chair: K. Dean

Session 39 Paper Presentation : Substance use and services for women

1421037 The impact of cannabis legalization on the forensic mental health patient population in Ontario

Stephanie Penney - Centre for Addiction and Mental Health / University of Toronto
 Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto
 Roland M. Jones - Centre for Addiction and Mental Health / University of Toronto
 Cory Gerritsen - Centre for Addiction and Mental Health / University of Toronto
 Treena Wilkie - Centre for Addiction and Mental Health / University of Toronto
 Sumeeta Chatterjee - Centre for Addiction and Mental Health / University of Toronto

This study investigates the impact of cannabis legalization on forensic mental health service users in Ontario, Canada. Results to date (n = 145) demonstrate that 32% of patients self-reported using cannabis once or more over the 4-year study window, while 25% of urine drugs screens completed during this time (n = 3090) were positive for cannabis. Patients with more positive urine results had modestly longer lengths of stay under forensic supervision and were estimated at higher risk for ongoing violence. Results did not support a change in the prevalence of use prior to and following the advent of legalization.

Session 39 Paper Presentation: Substance use and services for women

1422842 Asking patients to report their substance abuse in an MSU: foolishly naïve or optimistically therapeutic?

Louis De Page - Centre Hospitalier Jean Titeca
 Lucie Devries - Centre Hospitalier Jean Titeca
 Pierre Titeca - Centre Hospitalier Jean Titeca

Although forbidden and despite our best efforts, patients in MSU manage to get access to substances. Forced abstinence, as an extrinsic effort, is nonsensical in their pathway to lower levels of security or even community. It makes more sense to help patients grow insight and regulate, reduce or even stop substance use from an intrinsic motivation. Based upon the ideas of motivational interviewing, we have developed a semi-structured clinical interview to assess the magnitude of the SUD, their insight and their attitude towards change. We present psychometric data, correlation with psychotic symptoms, clinical needs, cognitive functioning, and risk assessment.

Session 39 Paper Presentation: Substance use and services for women

1423134 Coordinating early pathways into care for woman with perinatal mental illness charged with serious violent offences against their children

Trevor Ma - Justice Health and Forensic Mental Health Network
 Andrew Custodio - Justice Health and Forensic Mental Health Network
 Sarah-Jane Spencer - Justice Health and Forensic Mental Health Network

This presentation offers practical recommendations for interagency collaboration that support the recovery and reintegration of woman with perinatal mental illness charged with filicide or serious violent offences against their children/dependents. During the remand period these women require early screening, triage, and assessment by mental health professionals in hospital settings to inform treatment, clinical risk, and medico-legal needs. Multiagency and cross-discipline collaboration requires advocacy and leadership from mental health professionals. We recommend embedding systems of collaboration, providing education to services on the unique treatment needs of this special population, and ongoing policy and legislative reform to reflect effective pathways into care.

Session 39 Paper Presentation: Substance use and services for women

1421004 A journey of healing: Mental health services in a New Zealand women's correctional facility

Jessica Mueller - Department of Corrections, Ara Poutama Aoetearoa
 Emma Yeadon - Department of Corrections, Ara Poutama Aoetearoa

Historically, external services have provided mental health services within the Department of Corrections (DoC) in Aotearoa New Zealand. As a result, DoC had little input in the treatment provided to women in care. In 2018, DoC developed a mental health service to operate within the prison setting known as the Intervention and Support Practice Team (ISPT). The ISPT is a multidisciplinary team functioning as a consult/liaison service working with external and internal stakeholders to ensure adequate mental health support and follow-up. The ISPT has implemented a person-centered approach, in line with trauma-informed practice, to support recovery and reintegration.

9:00 - 10:10

Room C3.6

Long Term Forensic Psychiatry Care Special Interest Group Meeting

Chair: Sandrine Mikkers & Hilde Wijma

The purpose of this special interest group is to establish an ongoing forum where issues and best practices regarding Long-term Forensic Psychiatric Care (LFPC) can be discussed and shared. LFPC will concern itself with patients who do not profit enough from treatment to return safely to society. After years of various treatment attempts, some patients remain too dangerous or disruptive, and are still in need of substantial care. The seriousness and complexity of their problems, the strong societal response they evoke, the ethical considerations about the proportionality between their offences and the length of their custody, as well as the daily issues professionals on LFPC wards have to deal with will be subjects of this forum.

9:00 - 10:10

Cockle Bay Room

Session 51 Rountable: 1419129 How Does Understanding Autism Help You

Discussants:

David Whittingham - Decipher Zone & Evexia

Vicki Gibbs - DecipherZone & ASPECT

Kathleen j. Davey - Decipher Zone Pty Ltd & AutismCRC (Submitter)

There is increasing interest in understanding autism and providing respectful and effective forensic services. Our professional training and long-standing service models have been largely based on the medical model of disability. The emergence of the neurodiversity paradigm (drawing on the social model of disability) challenges long-standing assumptions and therapeutic practices. This presents both challenges and opportunities for legal and forensic mental health professionals. Together we will explore the autistic profile, the impact of the neurodiversity movement on practice, and share practical examples of how a better understanding of autism can help us across various sections of the criminal justice system.

Sessions 40 – 43 & 53 [13:15 – 14:25]

13:15-14:25

Room C3.2 Forensic Mental Health Treatment

Session 40 Symposium: 1422167 Machine Learning in Forensic Psychiatry - Background, Practical Applications and Future Directions

Chair: Johannes Kirchbner - University Hospital of Psychiatry Zurich, Switzerland

Discussant: Steffan Lau - University Hospital of Psychiatry Zurich, Switzerland

With the rapid technological progress of the past years, machine learning (ML) as artificial intelligence is increasingly applied in medical research. In psychiatric research, statistical analyses are usually performed with null hypothesis significance tests or basic regression models limited in their ability to evaluate complex phenomena such as aggression. The application of ML offers the possibility to analyze such complex, non-linear relationships. The symposium will present analyzes of predictors of inpatient aggression as an example of ML application in forensic-psychiatric research, and give an overview over future developments of ML models.

Practical Implications of Machine Learning (ML) - Uncovering the Complexities of Inpatient Aggression in Schizophrenia

Lena Machetanz - University Hospital of Psychiatry Zurich, Switzerland

Inpatient aggression is a frequent issue in forensic psychiatric institutions. Violent behavior may negatively affect patient care, cause distress for patients and staff and lead to injury. Ideally, patients with an increased risk of violent behavior could be detected at an early stage and appropriate preventive measures, such as closer monitoring, could be initiated. However, aggression is a complex construct with multifactorial etiology, which has yet to be comprehensively understood. Due to its ability to analyze a large number of influencing factors and their interactions, we used a suitable machine learning model on a dataset of 370 patients aiming to explore inpatient aggression in offender patients with schizophrenia spectrum disorders (SSDs). With a balanced accuracy of 77.6% and an AUC of 0.87, support vector machines (SVM) outperformed all the other ML algorithms. Negative behavior toward other patients, the breaking of ward rules, the PANSS score at admission as well as poor impulse control and impulsivity emerged as the most predictive variables in distinguishing aggressive from non-aggressive patients. The present study serves as an example of the practical use of ML in forensic psychiatric research regarding the complex interplay between the factors contributing to aggressive behavior in SSD. Through its application, it could be shown that mental illness and the antisocial behavior associated with it outweighed other predictors. The fact that SSD is also highly associated with antisocial behavior emphasizes the importance of early detection and sufficient treatment.

Machine Learning (ML) - potential and pitfalls of artificial intelligence in forensic psychiatry

Johannes Kirchbner - University Hospital of Psychiatry Zurich, Switzerland

In forensic psychiatric research, statistical analyses are usually performed with null hypothesis significance tests or linear regressions. However, the development of psychiatric illnesses and pathological behavioral disorders is by no means a linear process, influenced only by individual factors that are independent of each other. Here ML offers new possibilities: Large data sets with a large number of variables can be processed and complex and non-linear relationships can be analyzed. After differentiated quantification of the quality of a suitable statistical model, simple and precise prediction models can be derived from complex data sets. Especially in forensic psychiatric research, poorly understood phenomena and complex multifactorial issues are investigated, and their data structures are therefore particularly well suited for the use of ML and can provide feasible models for everyday clinical decisions. This presentation provides an introduction to the advantages and pitfalls of the application of ML in forensic psychiatric research.

RIPTOSO- development of a model-based screening tool for problematic behaviour of offenders with schizophrenia spectrum disorders during correctional measures

Andrea Aemmer - University Hospital of Psychiatry Zurich, Switzerland

Contemporary risk assessment research has so far heavily focused on the risk of recidivism after release. In comparison, the identification of predictors for problematic behaviour (escape / absconding, aggressive behaviour, illicit substance use, self-harm) as well as other complications (coercive measures, increased length of stay) during in-patient treatment has not received as much scientific attention. Using machine learning, the authors could identify predictors of problematic inpatient behaviors in a sample of offender patients with schizophrenia spectrum disorders. These identified risk factors, stemming from four key domains (psychopathology, age, index offence, dissocial behavior) serve as the basis for RIPTOSO - a screening tool that allows for better treatment planning and resource allocation. This tool is currently under development in a cross-sectional study in one of the largest forensic psychiatric institutions in Switzerland. If implemented successfully, a reduction of problematic behaviour and complications during in-patient treatment is likely to occur. This presentation will provide an overview over the foundation and development process of RIPTOSO.

13:15-14:25	Room C3.3 Forensic Services and Programs
<p>Chair: E. Fortunato</p> <p><u>Session 41 Paper Presentation: Services and treatments for sex offending</u></p> <p>1418258 Using Virtual Reality to treat people who have sexually offended Thijs van Oeveren - De Forensische Zorgspecialisten</p> <p>This presentation provides a unique insight in the treatment program focused on people who have sexually transgressed in a forensic outpatient facility in the Netherlands. Using a case study, modules such as sexual self-control and cognitive distortions are introduced. The client's individual risk factors that shape the treatment are indicated. The treatment program includes experiential and behavioral interventions that are known to be effective in this population. Virtual Reality can be used to mimic real life settings and practice skills. Using audiovisual materials and clinical experience, this presentation presents an example in which VR is used to improve social skills.</p>	
<p><u>Session 41 Paper Presentation: Services and treatments for sex offending</u></p> <p>1415357 Establishing a NSW Treatment and Rehabilitation Clinic (TRC) for Sexual Offenders Kerri Eagle - University of New South Wales Tobias Mackinnon - Justice Health and Forensic Mental Health Network Kath Jones - Justice Health and Forensic Mental Health Network Vindya Nanayakkara - Justice Health and Forensic Mental Health Network</p> <p>There are few public health treatment programs in Australia for sexual offenders and mentally ill patients who engage in problem sexual behaviour, and none in New South Wales (NSW). The NSW CFMHS has developed a model of care for a newly funded treatment program for at risk sexual offenders and mentally ill people with problem sexual behaviour. An overview of the characteristics</p>	

of NSW sexual offenders and mentally ill persons with problem sexual behaviour will be provided ahead of a discussion of a model of care developed with the aim of delivering a transparent, ethical and evidence based treatment approach.

13:15 - 14:25	Room C3.4 Forensic/Risk Assessment
<p>Chair: R. Scott</p> <p><u>Session 42 Paper Presentation: Reducing violence risks</u></p> <p>1420581 The adaptation and implementation of the Violence Reduction Program for forensic patients Yiota Zingirlis - Justice Health and Forensic Mental Health Network Sarah Wells - Justice Health and Forensic Mental Health Network Stephen Wong - University of Saskatchewan, Swinburne University of Technology Vindya Nanayakkara - Justice Health and Forensic Mental Health Network</p> <p>Whilst several programs address violence and aggression among offenders, few specifically target individuals who experience a major mental illness and have violently offended. To address this, we have adapted the Violence Reduction Program (VRP, Wong & Gordon, 2013) specifically with forensic mental health patients (i.e., mental health acquittees) in mind. The program is currently being piloted within a maximum security forensic mental health facility in Sydney. This talk will focus on the process of adapting the VRP, lessons learnt from the pilot, the process of rolling out a statewide program and the development of a co-evaluation approach with forensic patients.</p>	
<p><u>Session 42 Paper Presentation: Reducing violence risks</u></p> <p>1422860 Violence Prevention Climate - Stop blaming the patient and look at the bigger picture Louis De Page - Centre Hospitalier Jean Titeca Pierre Titeca - Centre Hospitalier Jean Titeca</p> <p>Violence prevention climate (VPC) refers to the perception of both patients and staff of organizational efforts to reduce the frequency and the severity of violent acts. Its impact on patient well-being and rehabilitation as well as staff experience is beyond questioning. In this study, we replicate psychometric properties of the VPC-23 in a French-speaking Belgian forensic MSU. Its association with security needs, clinical risk factors, clinical symptoms, and inpatient violence are investigated. The VPC provides an interesting framework to stop focussing on patient predisposition and behaviour, and to question ourselves and to look at the bigger picture.</p>	
<p><u>Session 42 Paper Presentation: Reducing violence risks</u></p> <p>1421561 Collaborative Violence Risk Management Plans in Inpatient Forensic Psychiatry: A Quantitative Content Analysis Johan Berlin - Lund University Märta Wallinius - Lund University Malin Karlén - Gothenburg University Thomas Nilsson - Gothenburg University</p>	

The Structured Forensic Risk Management Project (FORM) seeks to understand and improve the collaborative management of inpatient violence risk. In a two-pronged approach, using both qualitative and quantitative methods, the aim of the project is to assess the experience and impact, among staff and patients, of working with risk management in a structured way. As a part of this project 50 written structured violence risk management plans will be analyzed using quantitative content analysis. The aim is to understand what gets discussed, prioritized and ultimately managed in terms of risk, in collaboration between patients and staff in a forensic setting.

Session 42 Paper Presentation: Reducing violence risks

1423362 Establishing and Transmission of Non-Violence Cultures in Forensic Settings: Lessons from Unlikely Sources

Stoyka Meyer - Illinois Department of Human Services/ Forensic Treatment

Forensic clinicians are often faced with the Herculean task of rehabilitating forensic patients with severe mental health disorders, often exhibiting ongoing violent behaviors while in treatment. An intriguing source of clinical data related to violence reduction comes from the field of primatology. Despite being rooted in traditionally aggressive primate troop cultures, once establishing unaggressive primate cohorts, the cultural shift toward non-violence persists. The research outcome data from the field of primatology were translated into an experimental model of unit-based Recovery communities. For four years this model has contributed to violence reduction on short and long-term medium-secure forensic units.

13:15 - 14:25

Room C3.5 Tailoring treatments/ Responsivity

Chair: M. Daffern

Session 43 Paper Presentation: Special Groups

1419724 Intellectual disability in forensic psychiatric settings

Hanna M. Edberg - Karolinska Institutet

Tatja Hirvikoski - Karolinska Institutet

Qi Chen - Karolinska Institutet

Henrik Larsson - Karolinska Institutet, Örebro University

Peter Andiné - University of Gothenburg

Aims and method :

There is insufficient knowledge about offenders with intellectual disability (ID). We conducted a register-based study on all individuals being subject to pre-trial forensic psychiatric assessment in Sweden in 1997-2013 (n=8442).

Results and conclusion :

60% of offenders with ID were not previously identified as having ID. Individuals with ID had been treated with antipsychotic medication without clear indication. Sexual crime was overrepresented among offenders with ID. The risk of criminal recidivism following a sentence to forensic psychiatric care was 20% lower among individuals with ID. There is an urgent need of evidence-based treatment programs for offenders with ID.

Session 43 Paper Presentation: Special Groups

Intellectual disability and the justice system: Recent legislation changes related to Court diversion

Mathew Gullotta - Statewide Intellectual Disability Mental Health Outreach Service, Sydney Local Health District; The Wellbeing Group.

With the recent changes in legislation in the Mental Health and Cognitive Impairment Forensic Provisions Act 2020 NSW, people with an intellectual disability (ID) in contact with the criminal justice system (CJS) may be able to transition into diversionary pathways and care options as opposed to prison. However, who is identified as being the burden of responsibility for ensuring care for this group is unclear. Here, we discuss how the changes in legislation has presented new challenges in supporting people with ID in contact with the CJS. We also discuss a potential platform for capacity building for the sector.

Session 43 Paper Presentation: Special Groups

1422495 Analysis of homicides by persons declared liable to supervision due to mental incompetence/unfitness to stand trial in South Australia, 1996-2021

Thomas Mansfield - Flinders University

Owen Haeney - Forensic Mental Health Service of South Australia, NALHN

Narain Nambiar - Forensic Mental Health Service of South Australia, NALHN

Although relatively rare, the incidence and burden associated with homicides by people with mental impairment is disproportionately large. This presentation will analyse persons declared by the Supreme Court of South Australia to be liable to supervision by the Forensic Mental Health Service, for acts of homicide. All perpetrators over a 25 year period, since the current legislation was implemented, are included. The presentation will compare demographic, legal, clinical and offence information, as well as trends emerging. Comparison with similar data from other jurisdictions, nationally and internationally, is included.

Session 43 Paper Presentation: Special Groups

1422462 Working at the intersection of the health, justice and disability sectors: Insights into complex care

Lisa J. Warren - Code Black Psychology and Monash University

Michael K. Alday - Code Black Psychology

Ruby Z. Basocak - Code Black Psychology

Critically reflecting on the most complex, high-risk and high-need members of our community reveals the multitude of opportunities to effect change at every level. This paper considers cross sector collaborations for people serving a justice order with severe psychosocial disabilities receiving mental health treatment.

13:15-14:25

Room C3.6 Special Interest Groups

Mental Health Courts and Diversion Programs Special Interest Group Meeting

Chair: Scott Harden (on behalf of Evan Lowder)

This special interest group is interested in better addressing the problems associated with mentally ill individuals entering the criminal justice system. Two of the main vehicles established by the criminal justice system to deal with this population are Mental Health Courts and Diversion Programs. Both of these come in many different shapes and sizes. The general expansion of interest in a specialized judicial process to deal with mentally disordered accused, and increased writings and research in the area, lead us to the conclusion that the association should create an international forum dedicated to mental health courts. As we are well into the second decade since the establishment of the first mental health courts and as the proliferation of mental health courts and diversion programs continues at an impressive pace it was decided at the Vienna Conference in 2008 that the time had come to create a forum where issues surrounding mental health courts and diversion programs may be discussed and ideas exchanged.

13:15 - 14:25	Cockle Bay Room
<p><u>Session 53 Panel Discussion: Forensic psychology in Australia - challenges and opportunities</u> Chair: Anita McGregor - University of New South Wales</p> <p>TBD</p>	

Sessions 44 - 47 [14:35-15:45]

14:35 - 15:45	Room C3.2 Forensic Mental Health Treatment
<p><u>Session 44 Symposium: 1423011 Deliberate Firesetting: New Developments in Research and Practice</u> Chair: Nichola Tyler - Victoria University of Wellington</p> <p>Deliberate firesetting, including arson, is an enduring public health issue that results in significant economic, social, environmental, and human harm. Compared to other types of offending, deliberate firesetting has historically received little attention from forensic mental health researchers. This symposium will present new research on deliberate firesetting by adults and children and young people. Each presentation will consider the implications for research, policy and practice and identify future directions to improve our understanding and responses to deliberate firesetting.</p> <p>Firesetting and psychosis Vindya Nanayakkara - Justice Health and Forensic Mental Health Network</p> <p>Personality disorder and psychosis are recognised as the two most common psychiatric conditions among those who set fires; with schizophrenia being the most prevalent diagnosis among firesetters referred to mental health services. Yet, few studies have specifically examined the features associated with firesetting in those with a psychotic illness. Recent research examining firesetting among those with mental disorder suggests differing aetiology for firesetting between those with a primary personality disorder and those with a primary major mental illness. This presentation will focus on aspects that appear to be uniquely associated with firesetting arising in the context of psychosis. Individual factors, risks, motivations and behaviours associated with firesetting observed in the context of psychosis will be featured in this presentation, alongside reflections about the intersections between this type of firesetting and contemporary theory. Whether firesetting associated</p>	

with psychosis is better conceptualised as a form of violence - in the broader sense - will also be explored.

A preliminary analysis of the performance of the HCR-20v3 in assessing firesetting risk

Lauren Ducat - Forensicare

Troy McEwan - Centre for Forensic Behavioural Science, Swinburne University of Technology

Individual Submissions:

Research is beginning to develop an understanding of the characteristics of firesetters and some of the risk factors associated with repeat firesetting. There have been recommendations in the literature that the HCR-20 or general offending assessments such as the LS/RNR can be used to assess risk of future firesetting. However, no research has investigated the performance of existing approaches. This paper presents a preliminary analysis of the performance of the HCR-20v3 in assessing firesetting risk. The study also examined the association between factors identified in the literature to be potentially related to firesetting risk and future firesetting. Files of 95 individuals assessed at the Community Forensic Mental Health Service in Victoria, Australia, for a primary problem behaviour of firesetting, between 2003 and 2015, were retrospectively coded. Risk assessments were administered by two doctorally trained reviewers blind to the outcome of future firesetting or offending. Firesetting recidivism was determined by further charges for firesetting (obtained from police databases), re-assessment for a new arson or clinical record of new firesetting, or fires set while hospitalised. Police data for general and violent charges was also obtained. Police data was obtained in June 2016, allowing a minimum follow-up period of 6 months. Preliminary results indicate that the overall HCR-20v3 risk judgement may be able to discriminate between those with and without future firesetting behaviour. The utility of including other variables of interest to improve the performance of the HCR-20 and aid case formulation will be explored, and implications for forensic mental health assessment discussed.

The effectiveness of the Firesetting Intervention Programme for Prisoners (FIPP) in reducing firesetting and general reoffending

Nichola Tyler - Victoria University of Wellington

Deliberate firesetting presents a discerning problem internationally for practitioners working in forensic mental health and correctional settings. In April 2021, there were 631 adults under the care of the New Zealand Department corrections with a recorded history of arson; 150 of which had a current arson offence (Department of Corrections, 2021). In the UK, in 2019, there were 2310 adults currently under the care of prisons, secure hospitals, or probation for an arson offence (Ministry of Justice 2019a, 2019b as cited in Collins et al., 2021). Despite this prevalence, there has been little focus on developing specialist interventions to target deliberate firesetting by adults. The Firesetting Intervention Programme for Prisoners (FIPP; Gannon, 2012) is one of the first standardised treatment programme for adults who set deliberate fires. The FIPP is a specialist cognitive behavioural intervention which targets areas of primary treatment need specific to firesetting. An early evaluation of the FIPP demonstrated that FIPP participants made significant pre-post treatment gains on areas of treatment need relative to an untreated comparison group (Gannon et al., 2015). While these findings were promising, the impact of the FIPP on reoffending was not assessed as part of this evaluation. This paper will present findings from a longitudinal outcome evaluation of the FIPP which examined the impact of the intervention on firesetting and general reoffending over a 7 year follow-up period. The implications of the findings for clinical practice will be considered and future directions for research will be discussed.

Child firesetting behaviour and the expert paradox

Joanna E. Foster - Fabtic

Firesetting by children and young people is a dangerous, often complex behaviour that requires two distinct types of specialist intervention: fire safety education, as delivered predominantly by fire services, and psychosocial interventions provided most typically by mental health clinicians. Despite each approach demanding a different form of expertise, a 2020 study of all 53 UK fire services identified that staff delivering fire safety education to children who set fires could hold this responsibility whilst having no specialist training, nor any written policies to guide them in this risk-critical work. As a result, fire service staff who often faced a pressure from other agencies to solve the firesetting as the perceived fire specialists frequently considered other services to be the professionals and experts in this field. This absence of staff self-legitimacy despite the important role fire services have in addressing child firesetting was more pronounced amongst those staff whose fire service did not see this work as a priority nor understand the emotional labour attached to it. This paper will present the findings from the 2020 study and consider the implications for clinical practice. Namely, it will pose the question whether an absence of specialist training, written policies and staff self-legitimacy alongside an absence of service priorities and recognition of the emotional labour attached to this work is also present amongst mental health clinicians. If so, who indeed are the experts in addressing this behaviour or is child firesetting a societal concern that can only be considered through a multi-agency approach.

14:35-15:45	Room C3.3 Forensic Services and Programs
<p>Chair: C. Matthews</p> <p><u>Session 45 Paper Presentation: Services and Systems</u></p> <p>1422982 Examining high therapeutic security care needs at a regional forensic mental health service in Aotearoa New Zealand Michael Jewell - Mason Clinic, Auckland, New Zealand Krishna Pillai - Te Whatu Ora - Waitemata James Cavney - Mason Clinic, Auckland, New Zealand Brian Mckenna - Mason Clinic, Auckland, New Zealand</p> <p>The ceiling of therapeutic security for forensic mental health care in Aotearoa New Zealand is medium security. Using the DUNDRUM-1 tool, the study's aim was to identify and characterise a putative cohort of high-secure patients at a medium-secure regional forensic mental health service in Aotearoa New Zealand. A retrospective cohort study was conducted over 3.75 years. We found a significant incidence (an admission every 55 days) and prevalence (11%) of mixed-gendered and culturally diverse patients with high-secure care needs. There was also an indication that this high-secure cohort licensed a higher burden of restrictive practice. A proposed solution is projected.</p>	
<p><u>Session 45 Paper Presentation: Services and Systems</u></p> <p>1423402 Change in severity of mental disorder of remand prisoners: An observational group-based trajectory study Roland M. Jones - Centre for Addiction and Mental Health / University of Toronto Cory Gerritsen - Centre for Addiction and Mental Health / University of Toronto Margaret Maheandiran - Centre for Addiction and Mental Health Stephanie Penney - Centre for Addiction and Mental Health / University of Toronto</p>	

Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto

We carried out a retrospective cohort study of newly remanded inmates who had three or more serial measures of illness severity as measured using the Clinical Global Impression - Corrections (CGI-C), and used group-based trajectory modelling to identify trajectories.

We found an overall reduction in the severity of illness (mean change in CGI-C score -0.74, SD 1.5), with women showing greater improvement than men. We identified three distinct trajectories among men and three among women, all showing improvement in illness severity. Women, younger inmates, and those with substance use disorders, were more likely to have full resolution of symptoms.

Session 45 Paper Presentation: Services and Systems

1416063 Mentally Ill Patients in High Secure Forensic Settings

Natalia Yee - Justice Health and Forensic Mental Health Network ; University of New South Wales
Cortney Hitzeman - Justice Health and Forensic Mental Health Network ; University of New South Wales

Various diversionary pathways and forensic mental health services have been developed to ensure that mentally ill individuals in contact with the criminal justice system receive the necessary care and treatment to meet their complex needs. Sometimes, the most appropriate care and treatment can only be delivered within high secure facilities and involve the use of restrictive practices (e.g., seclusion) as a last resort to manage violent behaviours and to ensure safety. The present study will discuss the patient characteristics and care outcomes, including the use of restrictive practice, for mentally ill individuals detained in NSW high secure forensic settings.

Session 45 Paper Presentation: Services and Systems

1423081 Implementing a multidisciplinary approach to the assessment of future violence risk in a forensic mental health hospital

Aleksandra Belofastov - Forensicare
Shelley Turner - Forensicare
Jacques Claassen - Forensicare

Research has stressed the importance of effective multidisciplinary collaboration in violence risk assessment in FMH settings. Despite the identified benefits of MDT approaches, there are challenges associated with group-based risk assessment that need to be addressed to ensure the integrity and validity of the process, in consideration of the significance that risk management decisions have for consumers and the community. This paper will: provide an overview of the principles of MDT-based violence risk assessment within an FMH environment; outline the implementation of this at Thomas Embling Hospital; describe the associated challenges and how these are considered; and, outline evaluation processes.

14:35 - 15:45

Room C3.5 Tailoring treatments/ Responsivity

Session 47 Symposium: 1419684 Barriers to community re-integration for offenders with intellectual disabilities and how we may mitigate these in the New Zealand context

Chair: Mhairi Duff - Auckland Regional Forensic Psychiatry Service, Waitemata District, Te Whatu Ora

Successful community re-integration for people with combined mental health and criminal legal system involvement is always potentially difficult. This may relate ultimately to both the bias that contributed to offending and discrimination towards offenders. For people with intellectual disabilities and more specifically for people with intellectual disabilities who are also Maori there is a compounding of bias sometimes culminating in seemingly impassable barriers. This symposium explores the roots of systematised discrimination towards people with 'poly-stigmatisation' including being tangata whenua (Maori), having an intellectual disability and being labelled as an offender. Suggested ways to identify and address barriers are offered.

Exploring bias towards people using forensic intellectual disability services. Why does it occur, how does it impact, why does it matter and how might we address severe and subtle discrimination?

Mhairi Duff - Auckland Regional Forensic Psychiatry Service, Waitemata District, Te Whatu Ora

Bias is defined as an unreasoned and unfair distortion of judgement in favour of, or against a person or group. It arises from and reflects prejudice in all its forms including racism and contributes to negative thoughts, feelings, assumptions and actions towards individuals identified as belonging to or being associated with the discriminated group. Bias arises out of preferences towards others who share characteristics with ourselves and creates 'in-group' and 'out-group' dynamics. This is not in itself necessarily negative as it helps people develop a sense of identity, belonging and relationship with others within their social group. Problems arise however where bias contributes at the individual, group, institutional, societal or political level to enable and perpetuate power imbalances through exclusion or unfair treatment of any less powerful person or group. This presentation summarises the root causes of bias, discrimination, racism and 'othering' in the context of forensic intellectual disability services. It introduces a concept of poly-stigmatisation and the effects this may have on the pathways into, within and exiting from forensic intellectual disability services. The importance of awareness of the layers of bias at the individual, group, institutional and broader societal level is emphasised. It is argued that ultimately prejudice against people with multiple stigmatising labels is additive and constitutes the primary and most difficult to overcome barrier to re-integration for people in the forensic intellectual disability services. Whilst set in the New Zealand context the key literature is international and applicable across many jurisdictions.

Examining the impact of colonisation as a barrier to rehabilitation and re-integration for taangata whenua with Intellectual Disabilities (I.D) living within forensic facilities in Aotearoa.

Wetere Paki - Waikato, Te Arawa, Ngaaruaahine

In this presentation, we will examine how the impact of colonisation acts as a barrier to the rehabilitation and re-integration for taangata whenua (Indigenous peoples of Aotearoa) with I.D living within forensic facilities. Moreover, we will discuss how social, political, and economic power structures are constructed and maintained within a settler colonial society, and how these power structures act to re-enforce both a racialised hierarchy and cultural dominance. We will discuss how this creates a social environment which privileges those who descend from the colonial settlers (Europeans and those who sit in close proximity to this group) while marginalising taangata whenua. We will then apply this understanding as a lens by which we will critique how state institutes (specifically forensic) are constructed and how forensic I.D care for taangata whenua is designed and provided. This includes examining how the workforce is built, which communities it (the workforce) is drawn from, and how the workforce is trained. Furthermore, we will then look at how forensic I.D institutes, the workforce and the pathway from secure care to community-based facilities reflect and perpetuate these colonial power structures, thus marginalising taangata whenua with I.D as they access services and obstructing their rehabilitation and re-integration back into their communities.

What can we do to reduce barriers to re-integration of Forensic care recipients with intellectual disabilities into society specifically as this relates to the effects of poly-stigmatisation.

Catherine McSweeney - Waitemata District, Te Whatu Ora, Auckland Regional Forensic Mental Health Services, Mason Clinic

This presentation will explore possible interventions to reduce the effects of bias, prejudice and poly-stigmatisation on reintegration of service users within the forensic intellectual disability secure services in Aotearoa, New Zealand. Interventions at an individual level including addressing bias within forensic institutional care itself include promoting a positive risk taking atmosphere, person centred programmes and planning and increasing the awareness and coping skills the person needs to use to self manage safely in the community. Robust attention to addressing offending behaviours and a positive, strengths based corrections approach such as is offered through the Good Lives Model are beneficial. At a broader societal level the presence of anti-discriminating legislation, human rights expectations and the inclusion of hate crimes as aggravating to sentencing have had a limited impact. It is known that humanising individuals within 'out-groups' and contact and interactions with 'out-groups' has some effect on reducing prejudice. In practice this is seen in positive and tolerant acceptance of service users within the local community where they have more frequent contact than in the broader community. The development of a National unified health system (Te Whatu Ora) and of a Maori Health Board and a Ministry of disability may have the future potential to address health inequities arising from longstanding prejudice and bias within New Zealand but their impact may be some time in the future. Discussion is encouraged about the experience of attendees to this session on what has or has not worked in overcoming these issues around the World.

14:35 - 15:45

Room C3.6 Special Interest Groups

Emerging Forensic Systems Special Interest Group Meeting

Chair: Adegboyega Ogunwale

Formerly the African Special Interest Group, this group has been expanded to include all emerging forensic systems to allow mental health practitioners to exchange ideas on how to develop and sustain forensic mental health services in different parts of the world where forensic mental health systems may still be in a nascent stage. Many countries lack secure mental health treatment facilities and where they exist, these services are largely rudimentary. Coupled with this, are the apparent lack of structured training in forensic mental health and the attendant shortage of skilled manpower in the subspecialty. It is the hope of the special interest group that a robust multidisciplinary approach to research, training and service development in the area of forensic mental health will evolve from the various opportunities of interaction that the group will provide.

14:35 - 15:45

Cockle Bay Room

Service development, organization, strategy & delivery Special Interest Group Meeting

Chair: Lindsay Thomas

Across the world models of treatment services for mentally ill or personality disordered offenders differ greatly. This special interest group would give an opportunity for those people responsible for running or buying these services to exchange ideas. To date the IAFMHS and many other organisations cater for comparison, study and research of scientific and clinical matters but there appears to be no opportunity for similar study or research into the management of these organisations. This special interest group is a forum for the exchange of experiences and ideas where the participants do not have to represent any formal system but can be open for discussion. In recent years section members have shared ideas and collaborated on subjects such as quality standards, risk management, treatment programs and outcomes, service specifications and much, much more! We believe that the opportunity to study, compare and benchmark services will enable us to run our services more effectively leading to a better quality of care and more efficiently enabling us to provide a better quality service within finite budgets.

Sessions 46, 48 – 51 [16:15 - 17:25]

16:15 - 17:25

Room C3.2 Forensic Mental Health Treatment

Session 48 Symposium: 1400582 Developments in the application of psychopathy and maladaptive personality to forensic topics

Chair: Jane L. Ireland - University of Central Lancashire, UK and Mersey Care NHS Foundation Trust

This symposium brings together papers considering the application of maladaptive personality to issues of forensic concern. It focuses on the application of psychopathy and personality challenges to contemporary topics (i.e. trauma, animal abuse) and developments in the conceptualisation of the construct to applied populations. In doing so, it aims to advance the research conducted in this area of study, along with providing an improved understanding of the application to populations and practice. The symposium does so with a view to assisting with the refinement of assessment and intervention across populations, arguing for consideration of the full remit of maladaptive personality.

Psychopathy and trauma: Implications for research and practice

Jane L. Ireland - University of Central Lancashire, UK and Mersey Care NHS Foundation Trust

Background: Psychopathy is arguably a developmental condition, which is a product of several background and facilitating factors. Trauma, particularly developmental, has not been well-captured within the literature base although it is known to be a common factor present in those with complex personality presentations. This paper considers research from several studies to describe an association between psychopathy and trauma, focusing on the application of findings to research and contemporary practice. Method: A series of linked studies exploring psychopathy and trauma are briefly considered. This comprises a systematic review (n = 58), file trawl of secure background records, using a high secure male forensic patient sample (n = 66) and consideration of relationship genograms and psychopathy scores, in a high secure male forensic sample (n = 40). These findings are synthesised to produce a framework of understanding. Results: Evidence was demonstrated for an association between post-traumatic stress disorder and/or symptoms, with differences noted in relation to trauma type. The severity of developmental trauma relates differently to primary and secondary psychopathy, with attachment disorganisation a further relevant factor for consideration. The concept of acquired psychopathy is proposed, certainly in relation to affective and relationship

components. Implications for the conceptualisation of psychopathy and considerations for trauma intervention are noted, using a proposed framework for formulation.

Investigating animal abuse proclivity among women: Capturing a role for maladaptive personality

Philip Birch - School of International Studies and Education, University of Technology, Sydney

Jane Ireland - University of Central Lancashire and Mersey Care NHS Foundation Trust

Michael Lewis - University of Central Lancashire and Mersey Care NHS Foundation Trust

Ushna Mian - Ashworth Research Centre

Carol Ireland - University of Central Lancashire and Mersey Care NHS Foundation Trust

Background: This paper discusses two studies examining adult women and their perpetration of animal abuse, with attention to maladaptive personality, including psychopathy, sadism and callousness. While there has been some attempt to explore the association between animal abuse, aggression and personality in non-detained samples, this has primarily focused on the perpetrators of Intimate Partner Violence (IPV). This study sought instead to address gaps in the literature by focusing on adult women in the community more broadly and the links between challenging personality, aggression and animal abuse proclivity. **Method:** The first study drew on a sample size of $n = 162$ women from the general population in which the relationship between animal abuse proclivity (i.e., interest in, predisposition) and aggression motivation was established, with psychopathy, sadism traits, and maladaptive personality function captured. The second study had a sample of $n = 159$ women, again drawn from the general population and sought to extend the focus to callous-unemotional traits. **Results:** Between one- to two thirds of women reported at least some proclivity to abuse animals. An association between proclivity and proactive aggression was demonstrated, with callousness-uncaring and sadism representing particularly important considerations. It is also argued that what is ultimately being revealed by the measurement of "proclivity to abuse" is more of a personality-related construct focused on animal abuse potential. The paper outlines directions for future research that raise the importance of capturing proclivity to abuse and maladaptive personality.

Aligning psychopathy with DSM-5 and ICD-11's dimensional approach to personality assessment

Michael Lewis - School of Psychology and Computer Science, University of Central Lancashire, UK

Jane Ireland - University of Central Lancashire and Mersey Care NHS Foundation Trust

Julia Homann - Ashworth Research Centre

Background: There is merit in capturing personality pathology through dimensional models that attend to functioning and disorder severity, as evidenced in DSM-5 and ICD-11. This study examined the extent to which the impairment criteria and traits from these dimensional models align with psychopathy. **Method:** The sample comprised 52 men (age; $M = 37.33$, $SD = 3.70$) recruited from a secure psychiatric service, and 171 men and women (age; $M = 25.81$, $SD = 6.74$) from the community. Ninety percent ($n = 47$) of the clinical sample had a primary diagnosis of psychotic disorder. All participants completed measures assessing psychopathic traits, DSM-5 personality functioning, personality dysfunction severity in accordance with ICD-11, DSM-5 and ICD-11 personality traits, and mental health symptomology. **Results:** For both the community and clinical sample, antagonism had a significant role in positively predicting psychopathy, as did negative affect (DSM-5), but this was only statistically relevant for the clinical sample. Greater disorder severity, as defined by ICD-11, associated with higher levels of psychopathy across samples. This was also the case for impairment in DSM-5 personality functioning. Findings conveyed promise in applying the dimensional models of ICD-11 and DSM-5 to psychopathy, capturing personality functioning and disorder severity, and aligning psychopathy assessment with the approaches used when identifying personality disorder.

16:15 - 17:25

Room C3.3

Session 46 Symposium: 1423003 - Engaging forensic service users in care: Perspectives on access to services, risk management and cultural safety

Chair: Mimosa Luigi - McGill University

Within the context of a wider shift towards patient-centered care in the mental health field, increasing attention is being directed towards how to meaningfully involve forensic service users in their care. Given the multiple forms of marginalization, discrimination, and restriction of liberties experienced by users, strategies for engagement should be specific to forensic mental health as well as co-constructed. This symposium features three presentations towards this aim, focusing on (1) users' and their families' views on access to care, (2) the evidence for shared risk management interventions, and (3) culturally safe treatment environments for Indigenous service users.

Shared violence risk assessment and treatment planning in forensic mental health: A systematic review and meta-analysis

Mimosa Luigi - McGill University

Xavier Larochelle - University of Montreal

Eric Latimer - McGill University

Anne G. Crocker - University of Montreal

Background: Patient-centered care and shared decision-making have become guiding principles for mental health care. The integration of such principles within forensic mental health services has been complicated by a more security-driven care model, given important considerations for public safety and legal restrictions. Despite its clinical benefits, forensic hospitalization can be associated with long-term institutionalization, patient disempowerment, and restrictive interventions which may cause psychological harm or compromise therapeutic alliances. Emerging models of shared risk assessment and management could help foster increased patient insight, agency, and collaboration in treatment. Methods. The present systematic review first aims to describe the various forms of shared risk management in forensic practice. Second, the project aims to quantify three outcomes through meta-analysis: (1) the level of agreement between clinician and patient ratings on risk assessment, (2) the predictive validity of patient ratings, and (3) the impact of shared risk management on rates of violence and restrictive intervention. Five scientific databases were searched for quantitative studies and grey literature on shared risk assessment and treatment planning for patients in secure psychiatric and forensic settings. Two raters carried out record selection and quality assessment independently. Results are reported through narrative synthesis and random effect models where sufficient data was available for meta-analysis. Results. This presentation will focus on the findings from this systematic review and meta-analysis. We hope results can inform both the feasibility and clinical utility of using shared risk management while still mitigating violence risk in forensic care.

Access to mental health services by people found not criminally responsible: Perspectives and experiences of service users and stakeholders

Marichelle Leclair - University of Montreal

Laurence Roy - McGill University

Audrey-Anne Dumais Michaud - Université Laval

Anne G. Crocker - University of Montreal

Background. There has been a remarkable and sustained growth in admissions to forensic mental health services in Canada and elsewhere. Service providers report feeling pressured to use the

criminal justice system to leverage access to specialized and integrated care for their clients. People with behaviors that are perceived as dangerous or disturbing also report having difficulties accessing adequate and quality mental health services in the community. This project answers the following questions: (1) What are the experiences of persons recently admitted to forensic mental health services regarding their prior attempts to access mental health services in the community? (2) What are the perceived barriers and facilitators that may influence the ability of health and social services to meet their needs? Methods. Semi-structured interviews and focus groups were conducted with service users, caregivers, as well as service providers and administrators from the healthcare system. Data analyses were carried out according to the principles of thematic analysis. Results. Preliminary analysis shows that this population encounters specific challenges in accessing mental health services, particularly in terms of seeking care, reaching care and engaging in care. The experience of fear or stigma is a barrier to wishing and seeking care, especially when the person has experienced discrimination by service providers in the past. Stakeholders also highlighted that the system is organized in ways that “set them up for failure”, with limited windows of opportunity for engaging with care and normative expectations that are incompatible with the psychiatric symptoms and cognitive deficits of service users.

Cultural safety in forensic mental health services: Scoping review and qualitative framework synthesis

Marichelle Leclair - University of Montreal

Nicole M. Muir - York University

Alicia Nijdam-Jones - University of Manitoba

Tonia Nicholls - University of British Columbia

Anthony Elsom - University of Manitoba

Anne Crocker - University of Montreal

Forensic mental health systems have been slow to adopt transformational measures to ensure that Indigenous people in their services feel safe, respected, and listened to. This review addresses two questions: What do we know about what culturally safe forensic mental health services could or should look like? How can culturally safe forensic mental health services best be implemented? Methods. We identified peer-reviewed studies and grey literature that described culturally responsive or safe interventions for Indigenous peoples in forensic mental health services or other related settings (e.g., correctional or other custodial inpatient psychiatric settings). We used the qualitative framework synthesis method with the Cultural Responsiveness Capability Framework developed by the Indigenous Allied Health Association to guide data synthesis and analysis. Results. This presentation will focus on the qualitative findings from interviews with Indigenous service users from 16 studies in New Zealand, Australia, and Canada. Preliminary analysis highlights that cultural safety can be fostered through culturally competent interactions that are trauma-informed and devoid of discrimination. This often requires a well-resourced Indigenous health workforce who can connect meaningfully with patients and families and ease systemic miscommunication with non-Indigenous staff. A culturally safe environment is also enhanced through the architecture of the physical space, for example by tying the environment and the soundscape of the ward to the outdoors or by organizing the space in ways where service users can engage meaningfully with each other. Examples and strategies will be provided to support frontline service providers in providing culturally safe services.

Discussant: Anne G. Crocker - University of Montreal

16:15 - 17:25

Room C3.4 Forensic / Risk Assessment

Session 50 Symposium: 1419852 Haina I

Chair: Sven Krimmer - Forensic Psychiatric Hospital Haina

The forensic psychiatric hospital Haina is one of the biggest forensic institutions in Germany. The service provides full capacity of forensic mental health treatment by running the only admission wards in the state, several specialised psychotherapeutic treatment paths and various discharge wards. Haina can be seen as a German model for modern hospital order treatment practice and this symposium will explain the inner organisation, its treatment processes and the connected outcomes of recent years.

Forensic Psychiatric Hospital Haina - current developments and future prospects

Sven Krimmer - Forensic Psychiatric Hospital Haina

Angelika Marc - Forensic Psychiatric Hospital Haina

The forensic psychiatric service in Haina developed as sort of Germany's forensic flagship in terms of hospital order treatment structures. After past IAFMHS president Mueller-Isberner retired in 2017, the clinic had to face a lot of obstacles and challenges and lost track due to a bunch of reasons. Meanwhile a clinical transition process has started, the clinic split up, structural re-organisations are ongoing. Clinical departments were re-built, new therapeutic focuses are set, a young leadership team overtook. Seven new forensic wards are under construction in two new main buildings, which gives the clinic the opportunity to adjust even more treatment concepts in the future. This presentation will give an illustrated overview of Haina's internal and external situation right now, explains about difficulties in recent years, updates about current status of the new construction and shows the future challenges and opportunities for the clinic.

Introducing the admission wards of the forensic psychiatric hospital Haina

Natalia Jones - Forensic Psychiatric Hospital Haina

In the admission process in Germany, patients are placed in a psychiatric hospital - as ordered by the court - if there are cogent reasons to believe that the person has committed an unlawful act whilst lacking criminal responsibility or whilst in a state of diminished responsibility. After the main court hearing, the court may order the person's placement in a psychiatric hospital if the overall evaluation of the offender and the offense reveals that, due to the offender's condition, he or she represents a danger to the public and is expected to, in the future, commit further serious crimes. The Forensic Psychiatry in Haina is the central admission hospital in the state of Hessen. There are separate admission wards for male and female forensic patients. Although all forensic patients in Haina have the same treatment options, there are differences between the admission wards and their patients. Compared to the number of male patients being admitted to Haina every year, the number of female patients is very low. As a result, the wards in Hessen mostly consist of male patients, making it more difficult to move female patients to other wards on their way to their discharge. Consequently, female patients tend to stay in the admission ward longer, resulting in vast differences between the female patient's places in the treatment process. While some are close to being discharged and are able to receive suitable treatment, others are in the beginning of the process and yet in need of proper treatment.

Therapeutic interventions for inpatients between admission and discharge at the forensic psychiatric hospital Haina

Petar Valkov - Forensic Psychiatric Hospital Haina

The forensic psychiatric hospital Haina has a range of physicians and allied health professionals who work across the custodial, inpatient and community settings. All clinical services for mentally disordered offenders are provided by a multi-disciplinary team of medical, psychological, social, nursing and allied health professionals. First, each patient comes to the admissions ward as the first stage of inpatient treatment. There, comprehensive biographical-anamnestic, psychological, psychiatric, neurological and general medical diagnostics are carried out and the overall treatment plan is drawn up. As a rule, the patient is then transferred to a therapy ward that is suitable for the further successful treatment of the patient. The third stage begins with the transfer of patients to the hospital's discharge wards. There, the previous therapeutic successes are checked again and supplemented if necessary, the discharge planning is specified, and final tests are carried out. Outpatient criminal therapy takes place close to home in the forensic-psychiatric outpatient clinics. This report focuses on the second stage of the therapy, which is also the longest in terms of overall treatment. The various treatment options in a forensic psychiatric clinic are explained, such as medical therapy, individual therapeutic talks and psychoeducation, milieu therapy, group therapy for alcohol and substance abuse, occupational therapy, sport therapy, etc. Finally, current clinical challenges with innovations in the forensic mental health services are discussed.

The discharge wards of the forensic psychiatric hospital Haina

Ralf Steck - Forensic Psychiatric Hospital Haina

For discharges from a state mental health treatment facility a flexible adaptation to complex life situations of the patients is needed. While some patients return to live with their families, friends or significant others, other patients need to be integrated into community-based programs. One of the biggest challenges in the discharge process is to deinstitutionalize and then reintegrate the mentally ill patients. Most patients, who are discharged, are not able to manage a „normal life“ without proper support. In those cases, patients must be discharged into a more professional environment, e.g. an assisted living facility in combination with a sheltered workshop. In order to ensure the needed support for patients that are to be discharged, the Forensic Hospital in Haina provides several discharge units with varying stages of security and staff where criminal-therapeutic concepts are adapted to the special needs of the patients. Three years ago, a socio-therapeutic concept was incorporated to simulate residential accommodations where patients live together, develop suitable day structures, go to work, and continue with the medical and therapeutic treatment. To reach these goals, a qualified socio-criminal therapy is necessary to, among other things, assist in developing a suitable day structure for the patients and ensure an efficient outpatient treatment while using all resources of the hospital. It is necessary that potential release settings are rigorously controlled and risks are assessed, before a patient can be discharged. To do so, the patients are gradually released into the future living facilities, until they can officially be discharged.

16:15 - 17:15

Room C3.6 Special Interest Groups

Forensic Mental Health Nurses Special Interest Group Meeting

Chair: Tessa Maguire

Although the roles and responsibilities vary across countries, Forensic Mental Health Nurses (FMHN) play a key role in assessing, managing and treating mentally disordered offenders. IAFMHS is committed to increasing the involvement and contribution of FMHNs in the organisation in order to learn from their experiences, improve dialogue and collaboration between professionals working in Forensic Services and to promote the valuable work of FMHNs.

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16:15 - 17:15	Cockle Bay Room
<p>Equity, Diversity, Inclusion Special Interest Group Meeting Chair: Alicia Nijdam-Jones & Sarah Schaaf</p> <p>IAFMHS is committed to fostering equity and diversity in our organization and in forensic mental health and intellectual disability services. The Association promotes diversity in our membership and an inclusive environment that enables the contributions of all members. IAMFHS takes a proactive response to ensure that organizational activities, protocols and structures are culturally sensitive, non-discriminatory and responsive to the needs of our members, especially those from under-represented groups. The mission of the EDI SIG is to To create a platform for research, training, support and information sharing geared towards fostering equity and diversity in our organization and in forensic mental health and intellectual disability services.</p>	



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Forensicare

Poster Session #1

Wednesday June 21, 2023

International Convention Centre (ICC), level 3

Submission ID	Poster Title	First Author
1419692	Navigating a Foreign Legal System: Latin American Immigrants in the United States	Maria Aparcero-Suero
	Defining the types and intensity of services required by discrete population groups within specialist forensic mental health settings	Charlotte Comben
1423369	Cultivating confidence in the practice of secure recovery through education of forensic interprofessional staff	Shaheen Darani
	The bastard verdict: how does a three-verdict system influence juror decision making in Scotland?"	Lee Curley
1416395	Development of a Women's Acute Stabilization Unit - bridging the gap between forensic mental health and correctional settings	Elizabeth Coleman
1420686	Stress test behind big walls	Paul Fiedler
1416117	An evaluation of the offender characteristics and offending patterns of females who engage in online child sexual exploitation	Eika Fortunato
1422314	The Use of Telehealth for Forensic Psychiatric and Psychological Pre-Sentence Reports).	Amirtha Lakshman
1423434	The Privilege of Higher Education: Do Forensic Practitioners have a Professional Responsibility to offer Pro Bono?	Danielle Rynczak
1420725	Implementation of Safewards on a locked rehabilitation ward of Vitos Haina KFP	Dirk Schremmer
1411303	Measuring criminology students' attitudes towards criminal justice-involved people with mental health needs: A student co-produced, pre-post control group study	Jack Tomlin

1419692 Navigating a Foreign Legal System: Latin American Immigrants in the United States

Maria Aparcero-Suero - Fordham University
 Fernanda Peraza Sanchez - New York University
 Barry Rosenfeld - Fordham University
 (to be presented by Lillian Bopp)

Migration is a global phenomenon in which people relocate for economic and educational gains and/or to escape violence or poverty in their birth country. Immigrants in deportation proceedings are expected to understand the receiving country's court system to be able to meaningfully participate and represent themselves in their case. This study examined the understanding of the United States immigration court (IC) system among sixty-one Latin American immigrants. Preliminary findings indicated participants lacked an understanding of the adversarial nature of the IC proceedings and some legal rights. Results inform competency evaluations with Latin American immigrants facing charges in adversarial legal systems.

Defining the types and intensity of services required by discrete population groups within specialist forensic mental health settings

Charlotte Comben - School of Public Health, The University of Queensland; Queensland Centre for Mental Health Research
 Julie John - School of Public Health, The University of Queensland; Queensland Centre for Mental Health Research
 Zoe Rutherford - School of Public Health, The University of Queensland; Queensland Centre for Mental Health Research
 Carla Meurk - School of Public Health, The University of Queensland; Queensland Centre for Mental Health Research
 Sandra Dimini - School of Public Health, The University of Queensland; Queensland Centre for Mental Health Research

Needs-based service planning requires information about the types and intensity of health services required by discrete population groups who share similar attributes. Focus groups and an online survey were used to generate information about the discrete groups within forensic mental health settings. Forensic service stakeholders and lived experience advocates were invited to participate. There were 32 unique participants in the study (focus group n=18; survey n=21). Five discrete population groups were identified within forensic mental health settings. Groups were identified based on attributes such as level of risk, level of security required and level of functional impairment.

1423369 Cultivating confidence in the practice of secure recovery through education of forensic interprofessional staff

Shaheen A. Darani - Centre for Addiction and Mental Health & University of Toronto
 Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto
 Stephanie Penney - Centre for Addiction and Mental Health / University of Toronto
 Buthaina Almaskari - Centre for Addiction and Mental Health/ University of Toronto
 Patti Socha - Centre for Addiction and Mental Health/ University of Toronto
 Remar Mangaoil - Centre for Addiction and Mental Health
 Faisal Islam - Centre for Addiction and Mental Health
 Treena Wilkie - Centre for Addiction and Mental Health / University of Toronto
 (to be presented by Sandy Simpson)

Recovery-orientated care has become a dominant paradigm in mental health service provision and has increasingly been applied to the forensic psychiatric setting. While recovery-oriented models are well developed, these have not yet been fully adapted to the forensic recovery setting nor formally taught to care providers. There is limited evidence on the practice of secure recovery, in particular, forensic care providers' knowledge, skills, and education needs related to this practice. A needs assessment survey was administered to forensic inter-professional care providers at Centre for Addiction and Mental Health, Toronto (n=300). Preliminary needs assessment findings and implications will be discussed.

The bastard verdict: how does a three-verdict system influence juror decision making in Scotland?

Lee Curley - The Open University

The current Scottish verdict system includes three verdicts: 'guilty', 'not guilty' and 'not proven'; the latter is an additional acquittal verdict that is not legally defined. The aim of the current study was to test the effects of different verdict systems on juror decision making. 227 mock jurors watched a staged murder trial, filmed in a real-life courtroom. Jurors were significantly more likely to convict in a guilty and not guilty verdict system than either a proven and not proven or a guilty, not guilty and not proven verdict system.

1416395 Development of a Women's Acute Stabilization Unit - bridging the gap between forensic mental health and correctional settings

Elizabeth J. Coleman - University of Toronto, Department of Psychiatry

Tristan L. De Cotiis - University of Toronto, Department of Forensic Psychology

Women's Acute Stabilization Unit - a five bed transitional unit, located at Ontario Shores Centre for Mental Health Sciences, Canada is an innovative pathway to support incarcerated women with acute psychotic illness, with assessment, treatment, and stabilization. Staffed by an interprofessional team, the unit offers holistic care including medication, therapy and healthy life style strategies. In an attempt to better understand the clients' trajectory through WASU, an evaluation is underway to explore the client profile (i.e. demographics, diagnosis, length of stay) and their mental health outcomes in terms of symptom burden and functionality. Results will be shared at the conference.

1420686 Stress test behind big walls

Paul Fiedler - Forensic Psychiatric Hospital Haina

Sascha Peter - Forensic Psychiatric Hospital Haina

The forensic clinic in Haina operates with the concept of safewards(c) in which nurses play an important role. This presentation shows about the nursing tasks in multi-professional forensic teams and how safewards concept is implemented on a specific ward in Haina.

1416117 An evaluation of the offender characteristics and offending patterns of females who engage in online child sexual exploitation offences

Erika Fortunato - Swinburne University of Technology

James Ogloff - Swinburne University of Technology

Marie Henshaw - Swinburne University of Technology

Reneta Slikboer - Swinburne University of Technology

Limited research exists on females who perpetrate online child sexual exploitation (OCSE) offences. More knowledge is required, though, as females likely have gender-specific risk profiles compared to males who engage in sexual offending. This study investigated the individual characteristics and offending patterns of females (n = 314) with recorded sexual offences in Victoria, Australia, including OCSE offences. Focus was on comparing female and male OCSE offenders, females who engage in OCSE as solo- or co-offenders, and females with recorded online versus offline or dual sexual offences. The findings will have important assessment and treatment implications for females who perpetrate OCSE.

1422314 The Use of Telehealth for Forensic Psychiatric and Psychological Pre-Sentence Reports
Amirtha Lakshman - Swinburne University - Centre for Forensic Behavioural Science

Forensic mental health services relied heavily on telehealth to provide assessments to clients during the lockdown restrictions associated with the Coronavirus (COVID-19) pandemic. Judges regularly call upon psychological and psychiatric pre-sentence assessment reports to guide sentencing outcomes, and forensic clinicians perform numerous assessments each year. Currently, research examining the use of telehealth to complete assessments in forensic settings is scarce. It is particularly important that the reporting of these assessments (the pre-sentence report) is evaluated, as it can impact sentencing outcomes of offenders. The current paper will examine the potential limitations/disadvantages that arise from the utilisation of telehealth-conducted assessments.

1423434 The Privilege of Higher Education: Do Forensic Practitioners have a Professional Responsibility to offer Pro Bono?

Danielle Rynczak - University of Massachusetts Medical School

As forensic psychologists we are acutely aware of the discrepancy between the amount of forensic services needed and the number of practitioners offering these services. Many people whom we serve are disadvantaged; the institutions in which we are imbedded are overburdened. As we explore the dynamics of power and oppression, as a profession we should examine whether our advanced education and related skill-set carries a professional responsibility to serve the public at no cost - or pro bono. We will discuss the benefits to the individual served, as well as to the practitioner, and to the community at large

1420725 Implementation of Safewards® on a locked rehabilitation ward of Vitos Haina KFP
Dirk Schremmer - KFP Vitos Haina

Safewards® provides employees with an evidence-based principle that enhances the safety of a forensic psychiatric unit by prioritizing the relationship with patients while it is being easy to understand and to implement.

The multi-professional approach promotes the cooperation and the employee's satisfaction in the team. The challenge is to take all employees with you on the way, considering their individual resources. Conclusion: Limited opportunities for thematic deepening in the team under pandemic conditions and the attitude towards new knowledge, the independent acquisition and making it to your own must be considered. The solution has to follow a hands-on approach.

1411303 Measuring criminology students' attitudes towards criminal justice-involved people with mental health needs: A student co-produced, pre-post control group study

Jack Tomlin - School of Law and Criminology, University of Greenwich

Sarah Kilbane - University of Greenwich

Alzbeta Tumova - University of Greenwich

Janika Keraenen - University of Greenwich

Forensic patients live with multiple intersecting stigmatised identities: offender, mentally ill, and substance user. Studies have shown that educating students about correctional/forensic mental health services leads to a reduction in levels of stigmatising attitudes. We will explore whether attitudes towards criminal justice involved persons with mental illness change in students before and after an undergraduate module on forensic mental health, and investigate which student-level factors predict students' attitudes. Participants (N=100) will be asked to complete questionnaires 12 weeks apart. A control group (N=100) of students from a different cohort will be recruited. In this presentation we will describe our findings.



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Poster Session #2

Thursday June 22, 2023

International Convention Centre, level 3

Submission ID	Poster Title	First Author
	Relation between impaired acoustic startle response (ASR), prepulse inhibition (PPI) and violence in psychotic perpetrators	Nina Bang
1422670	The interrelationship between psychopathy and emotional deficits: Alexithymia, lack of empathy, and emotion dysregulation	Matthias Burghart
1421701	The development of a pathway for the management of PTSD and C-PTSD in Welsh prisons	Clare Crole-Rees
1423371	Secure Recovery Care Education for Forensic Interprofessional Staff - A narrative review	Shaheen Darani, - presented by Sandy Simpson
1423294	Peer Mental Support Teams: A unique Approach to correctional psychiatry	Mark Kaggwa
1411057	Advancing mental health in the criminal justice context: A decade of work led by the Mental Health Commission of Canada	Sandra Koppert
1422920	Matching violence risk assessment with targeted interventions in Canadian forensic mental health: Preliminary results from the Risk-2-Care study	Mimosa Luigi
1420466	Patterns of inpatient, emergency and ambulatory mental health service contact among forensic patients released from secure care in NSW, Australia	Georgia Lyons
	Trajectories of offending and mental health service use: Similarities and differences by gender and Indigenous status in an Australian birth cohort	James Ogilvie
	The role of diagnosed mental illness in the intergenerational (dis)continuity of child maltreatment.	Carleen Thompson
1401647	Bullying Experiences among Nursing Students in Clinical Training Settings: Management and Suggestions	Mohammed Qutishat
1401087	Include sensory modulation approaches in a forensic psychiatry establishment - A clinical practice point of view	Charles-Etienne Roy

Poster Session 2

Relation between impaired acoustic startle response (ASR), prepulse inhibition (PPI) and violence in psychotic perpetrators

Nina Bang - Department of Mental Health, NTNU and the Centre of Research and Education in Security, Prisons and Forensic Psychiatry at St. Olavs University Hospital, Norway

Background: The mechanisms underlying violent behaviour in psychotic and non-psychotic individuals remain to be clarified and there is a substantial need for biomarkers that can predict the risk of future violence. By combining electroencephalography (EEG), electromyography (EMG), and thorough assessments of psychosocial and neurocognitive risk factors for violent behaviour we investigated biological underpinnings, social trajectories, and psychological core features of violence in psychosis.

Objectives: The purpose of this study was to explore whether patients with psychosis who have committed severe violence (violent-PSY) differ from patients without a history of violence (nonviolent-PSY), and if analyses of event-related potentials (ERP) distinguish between the two groups. Measurement of the ASR and the PPI of the ASR can provide general information regarding filtering mechanisms (sensory gating) to prevent sensory information overload, and facilitate attention-related processes.

Results: The result indicated a significantly lower ASR with reduced N1 amplitude to the pulse alone stimuli in both the groups with psychoses, and reduced P2 amplitude in the violent-PSY group compared to the other groups.

Conclusions: The findings indicate diverse sensorimotor gating functioning amongst subgroups of patients with psychosis, with comorbid psychosis and violent behaviour showing most impairment. These results are in accordance with studies of brain potentials elicited by auditory stimuli, and the relation to attentional resources, as well as accentuating the double deficit model as explanation amongst those with psychosis and violence. The results also suggest that neural substrates of the ASR and the neurobiology of aggression are implicated in violence.

1422670 The interrelationship between psychopathy and emotional deficits: Alexithymia, lack of empathy, and emotion dysregulation

Matthias Burghart - University of Konstanz
 Alexander H. J. Sahm - University of Konstanz
 Sergej Schmidt - University of Konstanz
 Jan Bulla - Reichenau Psychiatric Center
 Daniela Mier - University of Konstanz

Psychopathy is a severe personality disorder characterized by profound emotional impairments, including a lack of empathy, emotion dysregulation, and alexithymia. Despite much research emphasizing these deficits in psychopathy, most studies have examined them in isolation. To explore their interrelationship, we conducted a preregistered study (<https://osf.io/7mza5>) across a community (N = 315) and a forensic (N = 50) sample using a series of questionnaires and structural equation models. Our results replicate previous findings on emotional impairments and show complex relationships among emotional processes in the context of psychopathy, with alexithymia being of particular importance.

1421701 The development of a pathway for the management of PTSD and C-PTSD in Welsh prisons

Clare Crole-Rees - Cardiff University
 Jack Tomlin - School of Law and Criminology, University of Greenwich
 Natasha Kalebic - Cardiff University
 Claudia Berrington - Cardiff University
 Isidora Popovic - Cardiff University
 Andrew Forrester - Cardiff University

Trauma experiences are highly prevalent in prisons. Given the strong need for services to identify and manage people who present with PTSD and C-PTSD in our prisons, we are now engaged in the development of a pathway, whilst also developing and evaluating a whole system trauma-informed framework. In this poster, we will present our early research findings and onward plan of action, including qualitative research, expert consensus meeting results, and plan for the implementation of training for staff in Welsh prisons.

1423371 Secure Recovery Care Education for Forensic Interprofessional Staff - A narrative review

Shaheen A. Darani - Centre for Addiction and Mental Health & University of Toronto
 Elena Wolff - University of Toronto
 Amanda Jas - University of Toronto
 Alexander Simpson - Centre for Addiction and Mental Health / University of Toronto
 (to be presented by Sandy Simpson)

Recovery care empowers service users as active, collaborative participants in healthcare. Implementation can be challenging in secure settings because patients are unwilling service users of forensic services. Currently there is limited research on the value of secure recovery education programs for forensic staff. As far as we are aware, there have been no prior reviews of this literature. A review was conducted of secure recovery education programs for forensic inter-professional staff to identify factors related to effectiveness. There is limited but positive literature suggesting that secure recovery care education programs are beneficial. This review can guide planning of future programs.

1423294 Peer Mental Support Teams: A unique Approach to correctional psychiatry

Mark M. Kaggwa - McMaster University

Across the globe, the mental health and well-being of prisoners is a major public health and human rights issue. Approximately 70% of the world prisoners are in low and middle-income countries (LMICs), and the pooled one-year prevalence rates of living with a mental illness diagnosis in this population are high. The conditions of prisons in LMICs are often marked by overcrowding, poor nutrition and sanitation, and frequently have limited access to basic health care, including mental health care. We discuss a unique approach to correctional psychiatry, with Peer Support Mental Health Teams assisting prisoners diagnosed in getting better services.

1411057 Advancing mental health in the criminal justice context: A decade of work led by the Mental Health Commission of Canada

Sandra Koppert - Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) leads the development and dissemination of innovative programs and tools to support the mental health of Canadians. The MHCC is currently leading the development of a National Action Plan (NAP) designed to support the mental health and well-being of people who interact with the criminal justice system, building on the MHCC's previous

work in this area. This poster presentation will provide an overview of the MHCC's work related to mental health and criminal justice over the last decade, highlighting key findings from a scoping project and the development of the NAP.

1422920 Matching violence risk assessment with targeted interventions in Canadian forensic mental health: Preliminary results from the Risk-2-Care study

Mimosa Luigi - McGill University
Eric Latimer - McGill University
Anne G. Crocker - Université de Montréal

Despite the explosion in the number of violence risk assessment tools, no standardized method yet exists for matching assessments with tailored interventions for violence prevention and management. Consequently, practice audits have shown interventions continue to be unguided by formal risk assessment. The mixed-methods Risk-2-Care study aims to (1) examine the clinical processes used by interdisciplinary forensic teams for risk matching and (2) quantify the effects of matching on inpatient violence and restrictive practice. Preliminary results from semi-structured interviews and chart-reviews across three secure forensic wards are presented. We hope findings can inform the future development of evidence-based matching strategies.

1420466 Patterns of inpatient, emergency and ambulatory mental health service contact among forensic patients released from secure care in NSW, Australia

Georgia Lyons - University of New South Wales

The complex nature of mental illnesses typically experienced by forensic patients means that a high level of contact with health services among this group is expected, including in the period immediately following release from secure care. This poster summarises the patterns of health service contact for a cohort of conditionally released forensic patients in New South Wales (NSW), including admissions to hospital, Emergency Department presentations, and contact with community mental health services. Frequent contact with health services during the post-release period may indicate either a failure to adequately manage chronic mental illness or appropriate follow-up to address signs of relapse

Trajectories of offending and mental health service use: Similarities and differences by gender and Indigenous status in an Australian birth cohort

Lisa Broidy - Department of Sociology, University of New Mexico; Department of Sociology, University of New Mexico
James M. Ogilvie - Griffith University
Carleen Thompson - Griffith University
Susan Dennison - Griffith University
Troy Allard - Griffith University
Aydan Kuluk - Griffith University
Belinda Crissman - Griffith University
Anna Stewart - Griffith University

In this study using linked longitudinal administrative data for a Queensland birth cohort followed up to age 23/24 years (N = 45,141), we examined how mental health contacts and mental illness diagnoses varied across trajectories of criminal justice contact; and whether and how these patterns differed across the intersection of gender and Indigenous status. Mental health service contacts and diagnoses were most pronounced among those with the most extensive, serious, and enduring

criminal trajectories. Results demonstrated that these links are most acute for Indigenous women and men, who present with the most mental health and criminal legal system contacts.

The role of diagnosed mental illness in the intergenerational (dis)continuity of child maltreatment.

Emma McKenzie - Griffith University
 Carleen Thompson - Griffith University
 Stacy Tzoumakis - Griffith University
 James Ogilvie - Griffith University
 Emily Hurren - Griffith University
 Anna Stewart - Griffith University

This study examined the relationship between psychiatric diagnoses and intergenerational patterns of child maltreatment (cycle breakers, cycle maintainers, cycle initiators, and comparison group). Data were drawn from a large linked administrative population-based cohort in Queensland, Australia ($n=32,494$). Results showed increasing prevalence of psychiatric diagnoses across the intergenerational groups: no maltreatment < cycle breakers < cycle initiators < cycle maintainers, as well as differences in age at onset and types of diagnoses. Findings underline the need for improved early access to mental health supports for families involved with the child protection system as these could help prevent the cycle of maltreatment.

1401647 Bullying Experiences among Nursing Students in Clinical Training Settings: Management and Suggestions

Mohammed Ghalib Qutishat - Sultan Qaboos University

The experience of bullying in clinical settings is a widespread problem across the world that has gained limited attention in the nursing profession. Nursing students do encounter bullying during their learning journey, which has many feeling powerless, frustrated, and rethinking their future learning opportunities. Supporting nursing students to report any experiences of bullying is crucial to maintaining a healthy learning environment and improving patient care.

1401087 Include sensory modulation approaches in a forensic psychiatry establishment - A clinical practice point of view

Ariane Dugas - Philippe-Pinel National Institute of Forensic Psychiatry
 Charles-Etienne Roy - Philippe-Pinel National Institute of Forensic Psychiatry

Imagine a world without any of our senses. We need our senses to interact with our environment and to accomplish our daily activities. We each process senses differently. Can you imagine how it may feel to process senses when you suffer from hallucinations? When you have restraints? When you are in distress and dealing with self-harming behaviors? Sensory approaches are well documented and proven to be useful in occupational therapy treatment, but they need to be adapted for a forensic psychiatric treatment milieu. This is the challenge we are currently pursuing at The Philippe-Pinel National Institute of Forensic Psychiatry.

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Post-Conference Workshops – June 23, 2023

We are pleased to offer a number of excellent post-conference workshops at the 2023 IAFMHS conference. Workshops are offered either as half-day or full day. The workshops will be hosted at ICC Sydney.

POST-CONFERENCE WORKSHOP SCHEDULE

ICC room	C.3.1	C.3.2	C.3.4	C.3.5
9:00- 12:30	Workshop # 3: Development of an evidence-based violence rehabilitation program for offenders with a cognitive impairment and/or intellectual disability	Workshop # 1: Recent advancements in the assessment and management of sexual violence: The Risk for Sexual Violence Protocol-Version 2 (RSVP-V2)		Workshop #2: Understanding and Assessing Adult Firesetting
12:30-13:30	Lunch Break		Lunch Break	
13:30-17:00			Workshop #4: Behavioural Analysis of Sexual Offending and Homicide: Practical Considerations for the Forensic Mental Health Professional	

WORKSHOP 1: RECENT ADVANCEMENTS IN THE ASSESSMENT AND MANAGEMENT OF SEXUAL VIOLENCE: THE RISK FOR SEXUAL VIOLENCE PROTOCOL-VERSION 2 (RSVP-V2)

PRESENTERS: Stephen D. Hart, PhD; Rajan Darjee, MD; Michael R. Davis, DPsych; Brianne K. Layden, PhD

DATE: June 23, 2023

TIME: 9am - 5pm

CONTINUING EDUCATION CREDITS: 7 credits

COST: \$250 CAD (includes 2 catered coffee breaks; lunch NOT included)

DESCRIPTION:

Sexual violence is a serious global concern because it affects so many people and has such an adverse cumulative impact on their health and well-being, as is well-documented (see Borumandnia et al., 2020; Sardinha et al., 2022). This is only worsened by the fact that it is the result of voluntary, intentional human acts and therefore entirely preventable. This workshop will focus on recent advancements in the assessment and management of sexual violence, with an emphasis on the development and release of Version 2 of the Risk for Sexual Violence Protocol (RSVP-V2). The development of the RSVP-V2 took place over a period of about 3 years. The primary activity was a systematic review of the scientific and professional literature with a publication date of 2004 or later. A secondary activity was consideration of our own experiences and the experiences of others who used the RSVP-V1 in practice, as well as more general developments in the Structured Professional Judgment (SPJ) approach to violence risk assessment (e.g., Douglas et al., 2013; Kropp et al., 2020; Kropp & Hart, 2015), including the second version of the SVR-20 or SVR-20 V2 (Boer et al., 2017).

Several of the changes made to the RSVP-V2 that will be reviewed in the workshop include 1) an updated and expanded discussion of the concepts of sexual violence and risk assessment and management; 2) updated and expanded discussion of the administration procedure, especially with respect to formulation of sexual violence perpetration using an Action Theory framework, identification of plausible scenarios of future sexual violence, and development of risk management plans; 3) substantive changes to the basic factors included in the guidelines (e.g., problems with stress and coping, problems with sexual health, problems with living situation), and 4) changes to the conclusory opinion ratings to increase their utility with respect to risk communication. The presenters will also highlight important advancements in our understanding of the nature of sexual violence with respect to cases that involve pornographic, intimate, or harassing material (e.g., child pornography, “revenge porn”).

LEARNING OBJECTIVES:

- Define sexual violence
- Describe recent developments in research and clinical practice regarding the nature of sexual violence
- Introduce Version 2 of the Risk for Sexual Violence Protocol (RSVP-V2), including updates to the research base and item definition

- Describe intended uses of the RSVP-2, including use in cases involving pornographic, intimate, or harassing material
- Utilize case examples to illustrate the use of the RSVP-V2

WORKSHOP 2: UNDERSTANDING AND ASSESSING ADULT FIRESETTING

PRESENTERS: Dr Nichola Tyler; Dr. Lauren Ducat

DATE: June 23, 2023

TIME: 9am - 5pm

CONTINUING EDUCATION CREDITS: 7 credits

COST: \$250 CAD (includes 2 catered coffee breaks; lunch NOT included)

DESCRIPTION:

Deliberate firesetting represents an enduring social and public health issue resulting in significant harm to property, lives, the economy, and environment annually. Individuals who set deliberate fires are frequently encountered by clinicians working in forensic mental health settings with international research suggesting that between 10% and 14% of individuals admitted to forensic mental health services have a history of deliberate firesetting. It is therefore critical that practitioners understand and are effectively able to assess firesetting, to be able to manage future risk and provide appropriate treatment.

This workshop will provide mental health and correctional professionals with the latest knowledge on deliberate firesetting. Attendees will gain knowledge of the common characteristics of and theoretical explanations for adult firesetting. Attendees will also learn about current evidence-based approaches for assessment of adult deliberate firesetting including psychometric tools that can assist in identification of treatment needs and current best practice in risk assessment.

The workshop will be delivered through a combination of didactic and simulation/experiential teaching to assist delegates recall and synthesise information before applying this across different contexts. Interaction, discussion, and questions are encouraged throughout to ensure understanding, clarification, and application of learning to key clinical issues. The experiential tasks (e.g., case studies, practical exercises) and discussions that form part of the workshop aim to enhance the learning and internalization of material for attendees.

LEARNING OBJECTIVES:

- Describe the characteristics of adults who set deliberate fires.
- Critique existing theoretical explanations for adult deliberate firesetting.
- Describe the latest comprehensive theory of adult firesetting (the Multi-Trajectory Theory of deliberate firesetting) and apply this to case examples.
- Summarize the treatment needs and risk factors of adults who engage in deliberate firesetting.
- Identify appropriate psychometric tools for assessing fire-specific risk factors.
- Explain different approaches to risk assessment for deliberate firesetting and their strengths and weaknesses.
- Link risk assessment and formulation to treatment needs

WORKSHOP 3: DEVELOPMENT OF AN EVIDENCE-BASED VIOLENCE REHABILITATION PROGRAM FOR OFFENDERS WITH A COGNITIVE IMPAIRMENT AND/OR INTELLECTUAL DISABILITY

PRESENTERS: Dr Joseph Sakdalan; Bianca Mitchell

DATE: June 23, 2023

TIME: 9am - 12:30pm

CONTINUING EDUCATION CREDITS: 3.5 credits

COST: \$125 CAD (includes 1 catered coffee breaks; lunch NOT included)

DESCRIPTION:

There is a growing recognition of the need for violence intervention programs designed explicitly for offenders with cognitive impairment and/or intellectual disability. A review of the current literature reveals a paucity of current evidence-based programs for this population. However, the rate of incarceration in this population, particularly those with co-occurring mental health diagnoses or other co-morbidities such as alcohol and other drug problems or those deemed as having 'complex needs', appears to be overrepresented within the Australian prison system. Given the high prevalence of trauma in this population, it is crucial that a more trauma-informed treatment should be considered.

The intersection of intellectual disability (including cognitive impairment) and mental health diagnoses are of particular concern for individuals involved in the criminal justice system as it creates complexity for this population's intervention and support needs. Furthermore, these individuals are frequently the subject of multiple and simultaneous interventions, which may have a limited impact on recidivism rates.

The provision of an appropriate evidence-based violence intervention program that targets dynamic risk factors (VRS, HCR20 V3) at the point of incarceration and once released into the community, is likely to support the development of appropriate coping skills and reduce the rate of recidivism and support the integration into the community.

This half-day workshop will outline the development and implementation of a violence rehabilitation program for offenders with a cognitive impairment and/or intellectual disability. The key highlights of the program development include an overview of the theoretical frameworks that underpin the program (Good Lives Model, Risk, Need Responsivity, Motivational Interviewing and Trauma Informed Practice). Integrating Dialectical Behaviour Therapy (DBT) and Good Lives Model (GLM) reconceptualisation skills will be discussed in depth.

In addition, the discussion will focus on the program modules and how these relate to the dynamic risk factors identified using the SPJ risk assessment tools (VRS, HCR20 V3), and how these inform the treatment targets identified for intervention.

LEARNING OBJECTIVES:

- Understand the background of violence intervention programs for offenders with an intellectual disability and/or cognitive impairment.
- Discuss the structure of the Violence Rehabilitation Program (VRP) and how the modules address the dynamic risk factors identified by SPJ risk assessment approaches.
- Discuss key concepts and introduction to the Risky Mind Wise Mind dialectic (DBT informed).
- Review a case example with practical application of the key concepts: Risky Mind Slope and Wise Mind Plan.

WORKSHOP 4: BEHAVIOURAL ANALYSIS OF SEXUAL OFFENDING AND HOMICIDE: PRACTICAL CONSIDERATIONS FOR FORENSIC MENTAL HEALTH PROFESSIONAL

PRESENTERS: Dr Michael R Davis and Dr Rajan Darjee

DATE: June 23, 2023

TIME: 1:30pm - 5pm

CONTINUING EDUCATION CREDITS: 3.5 credits

COST: \$125 CAD (includes 1 catered coffee breaks; lunch NOT included)

DESCRIPTION:

Forensic mental health professionals are frequently requested to conduct assessments of offenders who have committed sexual offences and homicides. Such assessments often focus on the information that can be obtained through a forensic clinical interview. Recent years have seen a greater appreciation of offence behaviour as a valuable source of information for forensic assessors. However, behavioural analysis is a skill that is rarely, if ever, taught in forensic training programs and is more the domain of those that work with police agencies than a core skill of forensic mental health professionals. This workshop aims to provide participants with the foundational knowledge to more appropriately consider offence behaviour to guide interview strategy, diagnosis, and formulation. Basic principles of behavioural analysis will be described with case examples used to facilitate discussion. The use of typological analysis for various types of sexual and violent offences will be described and participants will receive training in several behavioural rating scales that can be used to inform diagnosis and formulation.

LEARNING OBJECTIVES:

- To develop an understanding of the field of behavioural analysis and behavioural investigative advice
- To gain foundational knowledge of behavioural analysis techniques and how they can be used in the forensic assessment context
- To develop a thorough knowledge of offence typologies and be able to differentiate sexual and violent offenders by reference to motive

- To learn how to use and score several behavioural rating scales and know how to utilise them to assist diagnosis and formulation

Information for Presenters

PAPER/SYMPOSIA PRESENTATIONS

Smart Lectern/AV equipment will be provided for presenter use during concurrent sessions. Please have your presentation on a USB drive and ready to load onto the smart lecterns in the room prior to your session. We are not able to accept presentation materials via email.

Concurrent sessions are between 60 to 70 minutes in total. Each session will have between 3 - 4 presentations. We recommend allotting 12 minutes per presentation to allow for questions at the conclusion.

SYMPOSIA/ROUNDTABLE PRESENTATIONS

Smart Lectern/AV equipment will be provided for presenter use during sessions. Please bring your presentation on a USB drive. We are not able to accept presentation materials via email prior to the event.

Symposia and Roundtable coordinators can structure the time however they prefer; however, we recommend allotting some time at the end for questions and discussions.

POSTER PRESENTATIONS

The maximum accepted dimensions for poster presentations are 83 cm wide x 185 cm tall (long format). Presenters are responsible for bringing their posters to the conference; we are not able to accept poster shipments prior to the event. Poster presenters should be around for Q&A during poster sessions of their scheduled day. The posters can be set up in the morning prior to the first poster session/coffee break.



SPEAKERS PREPARATION CENTRE (LEVEL 1 ICC)

Speakers are welcome to use the communal speaker preparation room on the ground floor of ICC, near the customer service desk at the front entrance. The computers there run the same program as the smart lecterns in the conference rooms, should you want to check your presentation and how it would look on the smart lectern.



Special Interest Groups

Emerging Forensic Systems Group

Formerly the African Special Interest Group, this group has been expanded to include all emerging forensic systems to allow mental health practitioners to exchange ideas on how to develop and sustain forensic mental health services in different parts of the world where forensic mental health systems may still be in a nascent stage. Many countries lack secure mental health treatment facilities and where they exist, these services are largely rudimentary. Coupled with this, are the apparent lack of structured training in forensic mental health and the attendant shortage of skilled manpower in the subspecialty. It is the hope of the special interest group that a robust multidisciplinary approach to research, training and service development in the area of forensic mental health will evolve from the various opportunities of interaction that the group will provide.

Chair: Adegboyega Ogunwale

Meeting: Thu, June 22, 14:35-15:45, C3.6 Room

Forensic Mental Health Nurses

Although the roles and responsibilities vary across countries, Forensic Mental Health Nurses (FMHN) play a key role in assessing, managing and treating mentally disordered offenders. IAFMHS is committed to increasing the involvement and contribution of FMHNs in the organisation in order to learn from their experiences, improve dialogue and collaboration between professionals working in Forensic Services and to promote the valuable work of FMHNs.

Chair: Tessa Maguire

Meeting: Thu, June 22, 16:15-17:15, C3.6 Room

Long-Term Forensic Psychiatric Care

The purpose of this special interest group is to establish an ongoing forum where issues and best practices regarding Long-term Forensic Psychiatric Care (LFPC) can be discussed and shared. LFPC will concern itself with patients who do not profit enough from treatment to return safely to society. After years of various treatment attempts, some patients remain too dangerous or disruptive, and are still in need of substantial care. The seriousness and complexity of their problems, the strong societal response they evoke, the ethical considerations about the proportionality between their offences and the length of their custody, as well as the daily issues professionals on LFPC wards have to deal with will be subjects of this forum.

Chair: Sandrine Mikkers & Hilde Wijma

Meeting: Thu, Jun 22, 9:00-10:10, C3.6 Room

Mental Health Courts and Diversion Programs

This special interest group is interested in better addressing the problems associated with mentally ill individuals entering the criminal justice system. Two of the main vehicles established by the criminal justice system to deal with this population are Mental Health Courts and Diversion Programs. Both of these come in many different shapes and sizes. The general expansion of interest in a specialized judicial process to deal with mentally disordered accused, and increased writings and research in the area, lead us to the conclusion that the association should create an international forum dedicated to mental health courts. As we are well into the second decade since the establishment of the first mental health courts and as the proliferation of mental health courts and diversion programs continues at an impressive pace it was decided at the Vienna Conference in 2008 that the time had come to create a forum where issues surrounding mental health courts and diversion programs may be discussed and ideas exchanged.

Chair: Scott Harden (on behalf of Evan Lowder)
Meeting: Thu, Jun 22, 13:15—14:25, C3.6 Room

RISC – Team

The purpose of the RISC-TEAM special interest group (SIG) is to promote interest, understanding, best practice and support in all aspects of violence risk assessment and management. The RISC-TEAM aims to be a resource for all disciplines involved in such activities: lawyers and administrators, as well as psychologists, psychiatrists, nurses, social workers, and other involved professionals. It aims to be an international resource on violence risk assessment and management. The mission of the group is to reflect the interests of the diverse professional membership of the IAFMHS. The combined knowledge and experience of the RISC-TEAM will be available to its membership as a resource on matters related to risk assessment and management, specifically relating to clinical practice, research, education, and policy and administration. The RISC-TEAM will create opportunities for collaboration across institutions and jurisdictions in the conduct of research and training, and will be a source of information for the IAFMHS membership on issues pertaining to risk assessment and management in forensic mental health settings. The RISC-TEAM will offer standards and guidelines for good practice in key tasks of risk assessment and management in forensic mental health settings.

Specific aims include:

- To provide an international forum for professionals interested in issues related to clinical risk assessment and management, specifically with respect to clinical practice, research and policy/administration. The essence of the group is to offer colleagues an opportunity to exchange opinions on legal, methodological, and clinical matters and to offer advice or support from the perspective of similar organizations.
- To discuss standards for clinical and research practice.
- To ensure the knowledge is kept up-to-date, organized, and available to members.

- To ensure that information about risk assessment and management is conveyed accurately and responsibly via training workshops and the like.

We invite all interested professionals, students and trainees to join the group, which meets annually at the IAFMHS meeting.

Chair: Stephanie Penney

Meeting: Wed, Jun 21, 14:50-16:00, Cockle Bay Room

Service Development, Organization, Strategy, and Delivery

Across the world models of treatment services for mentally ill or personality disordered offenders differ greatly. This special interest group would give an opportunity for those people responsible for running or buying these services to exchange ideas. To date the IAFMHS and many other organisations cater for comparison, study and research of scientific and clinical matters but there appears to be no opportunity for similar study or research into the management of these organisations. This special interest group is a forum for the exchange of experiences and ideas where the participants do not have to represent any formal system but can be open for discussion. In recent years section members have shared ideas and collaborated on subjects such as quality standards, risk management, treatment programs and outcomes, service specifications and much, much more! We believe that the opportunity to study, compare and benchmark services will enable us to run our services more effectively leading to a better quality of care and more efficiently enabling us to provide a better quality service within finite budgets.

Chair: Lindsay Thomas

Meeting: Thu, June 22, 14:35-15:45, Cockle Bay Room

Equity, Diversity, Inclusion

IAFMHS is committed to fostering equity and diversity in our organization and in forensic mental health and intellectual disability services. The Association promotes diversity in our membership and an inclusive environment that enables the contributions of all members. IAFMHS takes a proactive response to ensure that organizational activities, protocols and structures are culturally sensitive, non-discriminatory and responsive to the needs of our members, especially those from under-represented groups. The mission of the EDI SIG is to create a platform for research, training, support and information sharing geared towards fostering equity and diversity in our organization and in forensic mental health and intellectual disability services.

Chair: Alicia Nijdam-Jones & Sarah Schaaf

Meeting: Thu, June 22, 16:15-17:15, Cockle Bay Room

Christopher Webster Early Career Award

The Christopher Webster Early Career Award honours Dr. Christopher Webster. Dr. Webster's scholarship and contributions to the topic of violence risk assessment are known to all members of the Association. He is a colleague to many individuals in many countries, and his writings and lectures provide wisdom and significant advancements in knowledge. Of particular relevance to the purpose of this Award, Dr. Webster has acted as a wonderful role model and mentor to several emerging scholars in the field.

We honour his generosity of spirit, the quality of his work, and his instrumental role as a mentor by presenting this award at the annual meeting of the Association. IAFMHS awards one Christopher Webster Early Career Award each year.

We are pleased to announce this year's Christopher Webster Early Career Award winner is

Dr. Lindsey Gilling McIntosh, United Kingdom

Rüdiger Müller-Isberner Award

Dr. Rüdiger Müller-Isberner retired from the Board of the IAFMHS in 2014, before presenting as keynote speaker at the IAFMHS conference in Manchester in 2015. His contributions to the IAFMHS have been significant, both in supporting the association from its inception and as a role model for others in the field, particularly with respect to integrating science and practice.

The Rüdiger Müller-Isberner award is intended to celebrate his contributions to the field and the Association, by honoring a long-standing member of the association whose career epitomizes the fusion of clinical practice, scholarly research, and mentorship. The awardee can come from any discipline, and can be either a primary researcher who focuses on clear clinical applications (e.g., treatment or assessment of forensic populations) or a clinician who has made substantial research contributions to the implementation of best practices.

We are pleased to announce this year's Rüdiger Müller-Isberner Award winner is

Professor James R.P. Ogloff, Australia

INFORMATION FOR STUDENTS

IAFMHS Conference
June 20-22, 2023
ICC Sydney



STUDENT BREAKFAST (JUNE 20, 10:00-11:30 AM)

We welcome all student members to join us for the Student Breakfast on Tuesday morning. In addition to enjoying a delicious breakfast spread, you will have the opportunity to meet this year's Student Board and hear about all the things the board does! We will also discuss the *can't-miss* student events at the conference and play some trivia as a group. Come test your knowledge about Sydney and Australia! This breakfast is also a great opportunity to network with fellow students and make some connections as you kick off the conference!

STUDENT PANEL (JUNE 21, 1:30-2:40 PM)

This year's Student Panel will be chaired by Dr. Quazi Haque (United Kingdom) and Dr. Vindya Nanayakkara (Australia).

Our panelists present with significant expertise in the forensic mental health field. They will discuss building a career outside of academia, what attendees should know about academic versus "alt ac" jobs, and provide insight for attendees who may also be considering alternative career paths in the future. Both panelists are happy to share their experiences and answer questions!

[Preliminary Program can be found HERE](#)



IAFMHS Student Board



5KM FUN RUN

(JUNE 20, 7:00-8.30 AM)

Our tradition is the 5km Fun Run that we hope you do not miss out on! We found a great route for you through Hyde Park and the Royal Botanical Gardens, which are located in close proximity to our conference location! Order your Fun-Run T-shirt and clear your head on Wednesday morning with a run before getting ready for the second day of the conference! We will meet in the lobby of the PARKROYAL Darling Harbour hotel and walk to the park together as a group.

STUDENT SOCIAL

(JUNE 21, 7:00-10:00 PM)

Our annual Student Social will take place at Cargo Bar (Darling Harbour, 52-60 The Promenade). Please join us for drinks and appetizers and to socialize and network with other students from all over the world. Student members are guaranteed drink tickets, although all students are welcome to attend!



Find more information on our [IAFMHS Website](#)





ORGANIZATIONAL COINS AND PINS

The IAFMHS Student Board is hoping to sell these coins and pins as fundraisers in order to support student-led initiatives, grants, and scholarships. Wear the pin during all events in which you can represent your involvement and support for the IAFMHS.

DEREK EAVES STUDENT RESEARCH GRANT

We are seeking donations to support The Derek Eaves Student Research Grant. This Grant was set up in 2017 to honour Dr. Derek Eaves' bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. You can choose to include a small donation with your registration - please contact iafmhs@sfu.ca for further information!

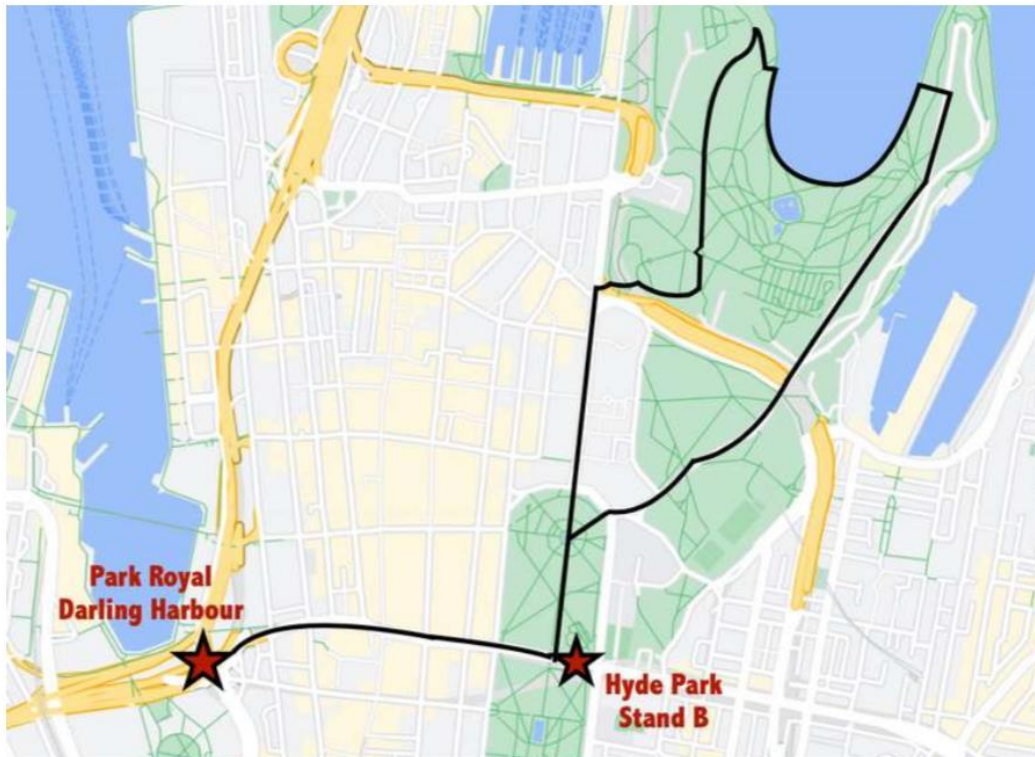


Find more information about the Coins & Pins [HERE](#),
and about the Derek Eaves Student Research Grant [HERE](#)



OUR 5KM FUN RUN ROUTE

Event Location:
Hyde Park & Royal Botanic Garden
Start: 7:00 AM; End: 8:30 AM
Meeting Point:
PARKROYAL Darling Harbour



T-SHIRTS

You can pre-order a T-Shirt for \$30 CAD when you register for the 5 KM Fun Run! The Fun Run proceeds go towards student awards and initiatives. Registration can be completed when registering for the conference on our website.

LOCATION

Hyde Park is the oldest public park in Australia, spanning 16 hectares in central Sydney's business district. It houses 580 trees, including fig trees, as well as a host of sculptures and memorials commemorating Australia's people and historical events. The fun run path will also include Philippe Park, The Domain, a waterfront path along the Farm Cove tidal inlet, and the Royal Botanical Garden. Sydney's botanical garden is considered the oldest scientific institution in Australia.

More Information on the 5km Fun Run [HERE](#)



IAFMHS Student Board

PANELIST DR. QUAZI HAQUE



PANELIST DR. VINDYA NANAYAKKARA

Dr. Vindya Nanayakkara has over 18 years of experience in forensic mental health and over 12 years of experience in health management. She has worked across community, court, prison and secure inpatient services with both young people and adults. She currently holds the position of Director Forensic Mental Health, with Justice Health and Forensic Mental Health Network and is a conjoint lecturer with the University of NSW. Since completing her postgraduate studies in 2009, she completed her PhD in 2019 on deliberate firesetting. Dr Nanayakkara has published in the field of forensic mental health and commissioned and reviewed services to improve safety, quality and equivalence in care.

Dr Quazi Haque is current president of the IAFMHS and Chief Medical Officer and co-founder of Elysium Healthcare in the UK. Quazi trained in medicine at King's College in London and completed his LLM with distinction. Having initially trained to specialize in neurology, he was drawn toward forensic psychiatry following influential placements at the Beth Israel Hospital, Harvard, Maudsley Hospital and Institute of Psychiatry, and Broadmoor Hospital. Over the years he has held senior academic positions at the Institute of Psychiatry and currently the University of London. Quazi is a Fellow of the Royal College of Psychiatrists and chaired the Royal College of Psychiatrists Forensic Quality Network between 2014-2020. His academic interests have typically centred around quality improvement and risk assessment, being fortunate to collaborate with valued experts and friends across many countries. He is passionate about improving healthcare services, from an international perspective, across a range of physical & mental health specialties. He is a Fellow of the Institute of Directors, and in his spare time takes an active interest in mentoring new behavioural health and technology organisations. He also enjoys coaching youth football and watching his beloved Liverpool FC.



Learn more about our Student Panel [HERE](#)



IAFMHS STUDENT BOARD 2022-2023



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**LINKS TO OUR SOCIAL
MEDIA PRESENCE**

 [@IAFMHS_Student](https://twitter.com/IAFMHS_Student)

 [@iafmhs](https://www.instagram.com/iafmhs)

 <https://www.facebook.com/iafmhs>

 [LinkedIn - Student Section Profile](#)

MORE QUESTIONS?

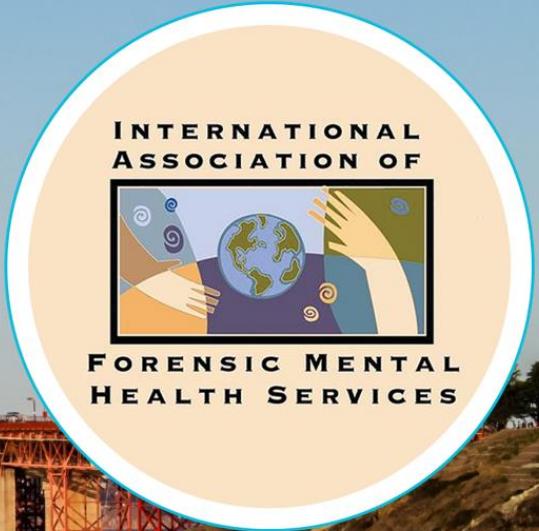
Send an E-mail to:
students@iafmhs.org

For more information please visit our website:
<http://www.iafmhs.org/Student-Section>





**2024 IAFMHS CONFERENCE
SAN FRANCISCO | JUNE 18 - 20**



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