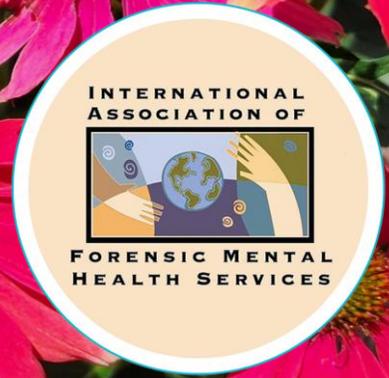


INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER



VOLUME 8 | ISSUE 3
Summer 2023

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Letter from the Editor

I am thrilled to be writing my first letter as Editor for the IAFMHS Newsletter! I am looking forward to serving the organization in this role for the next two years and welcome your feedback and ideas for our newsletter. We now have an official newsletter email address (newsletter@iafmhs.org) so please do not hesitate to reach out!

In this newsletter edition, we have articles that discuss an integrated conceptual model for validated assessment instruments, describe an aggression management training protocol for nurses, and provide highlights from our 2023 annual conference.

Last month many of our members gathered in Australia for three days of sharing research, connecting with colleagues, and exploring Sydney at the 2023 annual conference. On that note, I would like to point out the call for nominations for the role of Scientific Committee Chair for the 2024 conference. Email nominations to iafmhs@sfu.ca by August 15th. This role is a 2-year commitment and is a great way to get involved with the organization by helping to plan and coordinate our annual conference.

Samantha Zottola
Editor

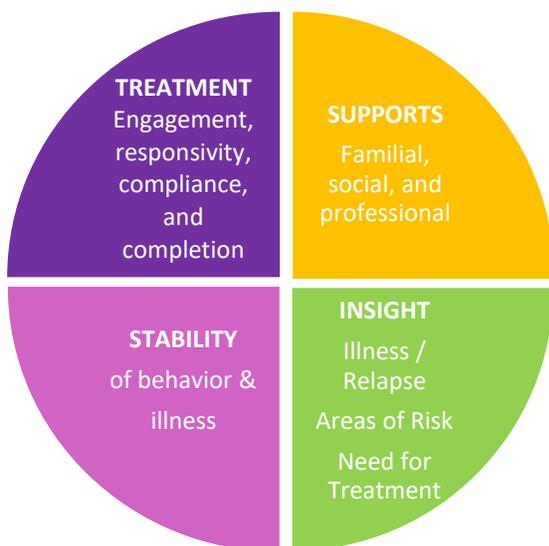
SPECIAL INTEREST GROUP UPDATE**Risk, resilience, and recovery in forensic mental health: An integrated conceptual model**

Stephanie Penney, Scientist and Associate Professor, University of Toronto / Centre for Addiction and Mental Health (CAMH), Canada

Several validated assessment instruments currently exist that have relevance for use within forensic mental health settings. The tools span assessments of violence risk (Douglas et al., 2013), resiliency and protection (de Vogel et al., 2012), treatment engagement, and progress in recovery (Kennedy et al., 2010). Despite their clinical utility, there is the potential for staff and patient burden, in addition to increased costs, when introducing new tools to appraise different domains of patient functioning. The use of multiple tools can also result in clinical assessments that are lengthy, redundant, or poorly integrated, and that risk being inaccessible to users of the assessments.

In this context, our group of clinicians describe a conceptual model aimed at bringing together core elements across structured tools designed to assess violence risk, protective factors, and progress in treatment and recovery in forensic settings (Penney et al., 2023). We propose that the utility of such a model lies in its potential to improve clinical efficiencies and streamline assessment protocols, facilitate patient engagement in assessment and treatment planning, and increase the accessibility of clinical assessments to service users. The model was developed following a side-by-side analysis and literature review of the HCR-20V3, SAPROF, and two scales of the DUNDRUM assessing patient engagement in treatment and progress in recovery.

Figure 1. An Integrated Conceptual Model



It evolved alongside our collective knowledge as a group of experienced forensic clinicians and was also informed by discussions concerning best-practices in forensic assessment emerging from a new model of care recently implemented in our program. The model is visually depicted in Figure 1.

Treatment: Engagement, Responsivity, Compliance and Completion

The first domain of this model centers on patient engagement, responsiveness, and adherence to treatment and programming. The pertinent items on the HCR-20V3 (i.e., historical, recent, or future problems with treatment or supervision response) are focused specifically on those interventions designed to reduce risk for violence, and frame the risk as emerging from two related issues: problems with compliance and problems with responsiveness. Within forensic settings, problems related to treatment compliance and responsiveness can manifest as medication non-compliance or partial compliance, a lack of motivation or willingness to participate in group-based treatment, or a failure to attend appointments and comply with rules. Items from the SAPROF that exemplify this domain appear on the Motivation subscale and capture patient motivation for treatment and therapeutic change, compliance with rules and regulations, as well as compliance with, and demonstrated effectiveness of, medication and other modalities of treatment. Items on the DUNDRUM Programme Completion scale similarly assess patient engagement, compliance with, and completion of treatment programming across six domains: (1) physical health, 2) mental health, (3) substance use, (4) offense-related/problematic behaviors, (5) self-care, and (6) education, occupation and creativity.

(Continued on next page)

Risk, resilience, and recovery in forensic mental health: An integrated conceptual model (Continued)

As with the HCR-20V3 and SAPROF items, there is a dualism of treatment completion/adherence on the one hand, and engagement/responsiveness on the other.

Stability of Behavior and Illness

This domain is concerned with the level of stability (or instability) observed across a patient's emotional and behavioral functioning, as well as their thought content or processes. Among forensic service users, commonly-observed sources of instability are untreated or sub-optimally treated symptoms of mental illness, substance use, and relational conflicts arising with co-patients, staff, or familial caregivers. Also at times contributory are symptoms of impulsivity, hostility, or emotional lability that are characteristic of certain personality disorders.

Applicable items on the HCR-20V3 (i.e., major mental disorder and instability) converge to reflect previous or recent problems in maintaining stable emotional, behavioral, and cognitive adjustment due to active symptoms of illness, personality disturbance, or other causes. One SAPROF item appearing on the Internal Factors subscale is similarly concerned with one's level of impulse control, anger management, self-discipline and restraint (particularly in times of heightened stress or temptation). Many of these characteristics indicate a high level of stability, or the inverse of HCR-20V3 instability. The DUNDRUM Recovery scale operationalizes stability as the absence of relapse of positive symptoms, as well as the absence of threatened or actual violence towards others.

Insight into Illness, Treatment Needs, and Risk

Insight is a multi-faceted construct, incorporating elements of knowledge, self-awareness, understanding and appreciation. As applied to forensic assessment contexts, insight into one's illness, corresponding treatment needs, and other relevant domains of violence

risk, are most frequently evaluated.

The HCR-20V3 defines a lack of insight as reflecting "(current) problems with lack of awareness, understanding or appreciation of one's violence-related functioning or the factors and processes that place the person at risk for violence" (p. 85). Assessing clinicians are encouraged to consider three aspects of problems with insight: (1) mental disorder, (2) violence risk, and (3) need for treatment. One item from the SAPROF appearing on the Motivation subscale captures one's understanding and appreciation of the need for medication specifically. The DUNDRUM similarly focuses on illness and illness management in its conceptualization of insight. Highlighted are the patient's acceptance of their illness and legal obligations, engagement in treatment and recovery-oriented programs, realistic appraisal of risk of illness relapse and acceptance of professional services.

Support: Familial, Social, and Professional

The fourth domain of our model pertains to a patient's personal and professional supports across family, friends, intimate partnerships and professional networks. A lack of supportive and prosocial relationships is understood to be risk-enhancing, while well-developed social networks, supportive intimate relationships, and professional services matched to critical areas of risk are viewed as protective. Relevant items from the HCR-20V3 include a history of problems with relationships (intimate and non-intimate) and anticipated future problems with personal/professional supports. These items share a focus on assessing the quantity and quality of supports available, and their ability to provide emotional and material support, and assistance with problem solving and daily needs.

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Editorial Team

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Lillian Bopp, *Student Section Editor*, University of Nebraska-Lincoln (USA)

SPECIAL INTEREST GROUP UPDATE**Risk, resilience, and recovery in forensic mental health: An integrated conceptual model (Continued)**

Three items from the SAPROF (External Factors subscale) concentrate on the nature and quality of personal, social, and professional relationships. Quality is demonstrated from relationships that are stable, prosocial, and supportive; for professional care, assessments are made on the basis of providers' availability, as well as the frequency and intensity of mental health supports received. One item on the DUNDRUM Programme Completion scale pertains to familial and social networks, as well as friendships and intimacy.

Implications for Clinical Practice and Implementation

A side-by-side analysis of three commonly-used (HCR-20^{V3}/SAPROF) and emerging (DUNDRUM) tools in forensic practice revealed several areas of conceptual similarity, suggesting a number of "core", or higher-order, domains of patient functioning across assessments of violence risk, protection, and progress in recovery. A simplified model that distills content from these tools into a smaller number of domains can have significant implications for increasing efficiencies in clinical practice as well as facilitating more meaningful participation of patients in assessment and treatment activities.

From a practical perspective, use of such a model could translate into less time spent completing individual tools, and comparatively more time dedicated to assessments of the core domains, tracking patterns of clinical change over time, and integrating staff and patient perspectives into collaboratively-produced treatment and risk management plans. Furthermore, clinical assessment reports that are

organized around this type of model, rather than individual assessment tools, will likely be more concise, less fragmented, and more accessible to users of this information such as the forensic tribunal, as well as patients and their families.

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Dr. Penney is also Chair of the RISC-TEAM special interest group within the IAFMHS, a group which aims to promote interest, understanding, best practice and support in all aspects of violence risk assessment and management. We invite all interested professionals, students and trainees to join the group, which meets annually at the IAFMHS meeting!

Email stephanie.penney@camh.ca to join our email list.

**Seeking
NOMINATIONS**

**SCIENTIFIC COMMITTEE
CHAIR**

Conference 2024
San Francisco
2-year commitment

**Application Deadline:
August 15, 2023**

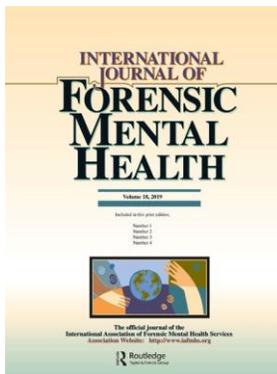
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iafmhs@sfu.ca

IAFMHS 2024 CONFERENCE**IAFMHS 2024: Save the Date!**

Those who attended the IAFMHS 2023 Sydney conference, hosted at the state of the art ICC Sydney venue, will agree that the conference was a great success. IAFMHS and its event partners, 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, were pleased to

welcome over 480 registrants including nearly 200 from outside of Australia.

We can now look forward to next year's conference, which will take place in San Francisco, California! **Please mark your calendars for June 18-20, 2024** and be on the look out for further communications regarding abstract submissions and registration. We look forward to seeing you in San Francisco in 2024!

**INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH****Feature Article**

Introducing the START:AV in Secure Youth Care: Illustration of a Structured Risk Assessment Implementation Process

Tamara L.F. De Beuf^{a,b}

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Structured risk assessment is a widely accepted and recommended approach to establishing an individual's level of risk for future adverse outcomes, such as violence or victimization, and to guide professionals in effectively managing that risk. A precondition for achieving these outcomes is that the risk assessment procedures are properly implemented and carried out as intended. Although research into the implementation of risk assessment instruments is slowly increasing, most publications do not provide detailed information on the steps that were taken during the implementation process. To help bridge the gap between research and practice, this paper describes step by step the implementation process of the Short-Term Assessment of Risk and Treatability: Adolescent Version in a Dutch secure youth care service. The process was guided by the eight steps suggested in the guidebook for the implementation of risk assessment in juvenile justice by Vincent, Guy, and Grisso. Without pretending to offer the best or most ideal approach, this illustration of a risk assessment implementation process may serve as inspiration for other agencies and service providers who wish to integrate structured risk assessment into their practice.

Best practice education in violence risk assessment and violence prevention for nurses

Tess Maguire, Senior Lecture Forensic Mental Health Nursing, Centre for Forensic Behavioural Science - Swinburne University of Technology and Forensicare; **Michael Daffern**, Professor in Clinical Forensic Psychology, Centre for Forensic Behavioural Science - Swinburne University of Technology and Forensicare; and **Brian McKenna**, Professor of Forensic Mental Health, Auckland University of Technology, the Auckland Regional Forensic Psychiatry Services, and the Centre for Forensic Behavioural Science - Swinburne University of Technology

Inpatient aggression remains a concern for forensic and generalist mental health services, and the negative impacts for staff and consumers have been widely acknowledged. Nurses have an essential role in the prevention and management of aggression. In order to prepare nurses for the task of preventing and managing aggression, training programs have been developed covering a range of topics (such as communication skills, frameworks to support understanding aggression and theories of aggression).

Some services also use validated risk assessment instruments, such as the Dynamic Appraisal of Situational Aggression (DASA; Ogloff & Daffern, 2006), as part of the assessment and management of aggression. Recent research linking an Aggression Prevention Protocol (APP, Maguire et al., 2018) has addressed the practice-gap to include suggestions about interventions to assist nurses following assessment using the DASA to provide a framework for selecting interventions based on level of risk, whilst limiting use of restrictive practices and preventing aggression (Maguire et al., 2019). The APP includes seven commonly used nursing skills, some of which are complex skills (e.g., de-escalation, limit setting, reassurance, and close observations). Two studies have demonstrated a reduction in aggression and use of restrictive practices while using the DASA and APP together (Griffith et al., 2021; Maguire et al., 2018). While these findings are encouraging, an obstacle to implementation of the DASA + APP is training. The training developed for these two studies (Griffith et al., 2021; Maguire et al., 2018) was conducted face-to-face, and in total took six hours. To inform future training we conducted a study examining approaches used in risk assessment and prevention of aggression training to establish best practice for the education of the DASA + APP.

Seventeen prevention of aggression training experts were recruited from New Zealand and the State of Victoria in Australia to determine effective training approaches. Data were collected via focus groups using a semi-structured

guide. Three themes were interpreted from the data 1) existing training can be “like pulling teeth without anaesthetic” where dissatisfaction with the teaching mode was expressed as well as concern about the content lacking evidence and cultural/consumer experience, 2) the need to “breathe life” into the training to sustain and invigorate training and 3) a vision of the “gold standard” for practice and training.

(Continued on next page)



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Best practice education in violence risk assessment and violence prevention for nurses (Continued)

The experts suggested that ideally training should be place-based, cater to local needs and include applicable clinical and cultural considerations, as well as consideration of consumers' and their supporters' needs and perspectives. A need for ongoing reinforcement of training in the clinical setting was also indicated. The experts also suggested that some form of competencies would assist in assessment of the skills required in the APP.

Following on from this study we have begun to develop blended DASA + APP training which includes an online, and face-to-face component. In addition, as opposed to competencies, we have developed Entrustable Professional Activities for each of the APP interventions. Entrustable Professional Activities provide a way of defining and assessing daily practice activities such as the APP interventions and provide a way of translating competencies into clinical practice. We will be evaluating the Entrustable Professional Activities in August 2023 to establish suitability for assessment in the clinical setting.

We would like to thank the participants in our study who shared their rich knowledge and experience to assist us with the development of the DASA + APP training program.

The resource that follows below is an example of one of the EPAs, for reassurance.

RESOURCE:

Aggression Prevention Protocol (APP) Reassurance Intervention

According to the APP, reassurance is:

The pragmatic use of communication skills to calm anxiety, promote comfort, shape beliefs and prompt motivation. When using reassurance consider the tone of voice along with the rate and volume. Non-verbal interactions are also important, such as the distance between you and the person, your posture, level of eye contact and facial expressions. Some of the communication skills used during reassurance may include active listening skills and demonstrating empathy. Following any event on the unit that might contribute to anxiety for patients (e.g. aggression and self-harm), there should also be some increased efforts to be more visible and out on the unit, engaging in a warm and caring manner.

The goal of staff presence, explanation and support is to ensure that everyone feels safe and supported (Maguire et al., 2021).

Knowledge

The mental health nurse demonstrates an understanding of:

1. Recommended principles when providing reassurance and how to provide reassurance
2. Why reassurance is not recommended in the moderate DASA risk band in the APP

Skills

The mental health nurse:

1. Recognises situations that may require reassurance
2. Uses the APP as a guide to determine when reassurance is appropriate
3. Incorporates active listening skills during reassurance
4. Demonstrates empathy when applying reassurance
5. Establishes effective verbal and non-verbal communication skills, while providing reassurance
6. Incorporates person-centred, gender-sensitive and culturally-sensitive practice principles
7. Documents how and why reassurance was applied, including outcomes and any recommendations for future use of reassurance specific to the consumer
8. Evaluates the effectiveness of reassurance with consumers

Attitudes

The mental health nurse:

1. Recognises how inpatient mental health care and mental health problems can be anxiety-provoking for consumers
2. Is genuinely interested in what is happening for the consumer and tries to understand and meet their personal and mental health needs
3. Reflects on their reassurance skills to identify aspects that need improvement

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FORENSIC MENTAL HEALTH NURSING**Best practice education in violence risk assessment and violence prevention for nurses (Continued)**

If you have questions, comments, or feedback regarding this article, please contact **Dr Tess Maguire** at tjmaguire@swin.edu.au.

If you are a forensic mental health nurse who is interested in submitting a piece, please do not hesitate to contact **Helen Walker** at: helen.walker6@nhs.scot.

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Scale of entrustment for reassurance

Level of entrustment	Level descriptor: The learner has demonstrated a readiness to work in the practice setting with the following level of trust
Level 1	I trust the nurse, under direct supervision and with assistance, to carry out reassurance within the inpatient setting. The nurse accepts feedback for performance improvement.
Level 2	I trust the nurse to carry out reassurance with guidance but without direct supervision or assistance.
Level 3	I trust the nurse to carry out reassurance independently.
Level 4	I trust the nurse to carry out reassurance independently and that they have mastered the skill such that they would be considered a good role model for other nurses.

RISKY BUSINESS**Calling for feature pieces in violence risk assessment!**

We invite submissions (approximately 500 words in length) on empirical advances, novel and best practices approaches, and relevant case studies to violence risk assessment and forensic mental health. We also are interested in editorial and personal reflections on the field.

Please send your contribution to the Risky Business section editor, Sarah Coupland at sarah_coupland@sfu.ca.

STUDENT SECTION**SPOTLIGHT: Annual Conference Highlights – Australia 2023**

Student Section Editors: Lillian Bopp, President, University of Nebraska- Lincoln, USA | Lindsay Healey, Secretary, Carleton University, CAD | Mimosa Luigi, President-Elect, McGill University, CAD

Student breakfast

On the first morning of the conference, the Student Board hosted their annual student breakfast to kick off an exciting few conference days and network with fellow students! While students enjoyed a delicious array of breakfast items, Student Board President Lillian Bopp presented the board's mission, goals and initiatives and provided insight into the various activities that the board is involved in during the year. Students were also provided with an overview of the various positions on the board, with each member introducing themselves and discussing their roles and responsibilities. Students were also given the opportunity to submit ideas for the the Student Board's webinar series – with nearly 15 new ideas suggested! To wrap up, the Student Board arranged an interactive trivia game in which students were presented with various trivia questions about Sydney and Australia. Fun fact – there are more kangaroos than people in Australia! Thank you to the students who joined us for breakfast!

runners (despite the cold temperatures!) wearing their Fun Run shirts, which were thoughtfully designed with an image of Sydney's iconic Harbour Bridge. We are grateful to the runners who participated in this initiative and would like to extend our thanks to our two gracious sponsors for helping make this event happen!

**Fun run**

On the second morning of the conference, we hosted our annual 5K Fun Run sponsored by Swinburne University of Technology and the Centre for Forensic Behavioural Science, as well CONCEPT Professional Training at Palo Alto University. We had nearly twenty participants join us to support this student-led initiative and start their morning with an enjoyable sunrise run with waterfront views! It was a beautiful, but brisk morning in Sydney and runners were guided on a run through Hyde Park, The Domain, and a waterfront path in the Royal Botanical Garden, which is considered to be the oldest scientific institution in Australia. We were excited to see many

Student social

On the second night of the conference, the Student Board hosted their annual student social event at Cargo Bar along the iconic Sydney Harbour. IAFMHS students from all over the world gathered in a beautiful beer garden to enjoy cocktails, appetizers, lively conversation and networking opportunities. Students also enjoyed tuning in and cheering along with the Sydney locals to watch the State of the Origin - Queensland vs. New South Wales Rugby game. We extend our biggest thanks to those who joined us for this event!



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STUDENT SECTION

SPOTLIGHT: Annual Conference Highlights – Australia 2023 (Continued)

Student awards

We had several impressive applicants for our student awards this year and the Student Board was pleased to offer one travel award and three presentation awards. This year's 2nd Place Presentation Award was sponsored by CONCEPT Professional Training.

- Travel Award – Matina Shafti, University of Manchester
- 1st Presentation Award – Perry Callahan, Fordham University
- 2nd Presentation Award – Monique Sondhu, Swinburne University
- 3rd Presentation Award – Laura Coat, Swinburne University



Student volunteers

This year, we were thrilled to recruit 20 student volunteers to assist us in executing various duties during the conference. Their efforts were essential in helping us to ensure that the conference ran as smoothly as possible. Thank you to all of our student volunteers who dedicated their time – the conference would not have been as successful without you!

Organizational coin and pin

The Student Board continued their fundraising initiative from last year and sold organizational coins and pins in order to support student-led initiatives, grants, and scholarships. Thank you to those who purchased these items and wore their pins during conference events to represent their involvement and support for the IAFMHS!

LOOKING TO BECOME MORE INVOLVED WITH THE IAFMHS STUDENT SECTION?

Apply to become a campus rep!

Campus reps help disseminate relevant information about opportunities, activities and programs organized by the Student Board and IAFMHS to their local student bodies.

To learn more, visit our student leadership opportunities page: <https://iafmhs.org/studentleadership>

SPOTLIGHT: 2023 Annual Conference - Student Panel Speakers

Student Section Editors: Lillian Bopp, President, University of Nebraska- Lincoln, USA | Lindsay Healey, Secretary, Carleton University, CAD | Mimosa Luigi, President-Elect, McGill University, CAD

Introduction

We were so excited to welcome Dr. Vindya Nanayakkara and Dr. Quazi Haque, IAFMHS President, as our esteemed speakers at our annual Student Panel event at the 2023 Annual Conference in Sydney, Australia. This year's Student Panel theme was *Alternatives to Academia: The Ins and Outs of Pursuing Industry Jobs in Psychology and Forensic Mental Health*. The event was moderated by Student Board member Maddie McPherson, who introduced this year's timely topic as one that is on the minds of many, from students to seasoned professionals.

Benefits of having academic and industry experience

Both speakers felt strongly that there were advantages to having diverse experiences in both academia and industry and encouraged students to lean on their unique

strengths when changing paths. Dr. Haque explained that when hiring for industry roles, he values the academic backgrounds of his applicants, as they will speak to whether that person can think critically about systems, organizations and quality improvement. He noted that the skills earned in academia could, in turn, be beneficial to program evaluation or data analysis. Alternatively, Dr. Nanayakkara spoke from her teaching and academic lens, confirming that experience in industry settings, such as clinical environments, can be very beneficial to an academic environment. She concurred that individuals with a wide range of backgrounds ask important and clinically-relevant questions that come from personal experience and tend to design and conduct research that can readily translate to practice.

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STUDENT SECTION

SPOTLIGHT: 2023 Annual Conference - Student Panel Speakers (Continued)



Dr. Vindya
Nanayakkara



Dr. Quazi Haque

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 settings with both youth and adults. She currently holds the position of Director of Forensic Mental Health with the Justice Health and Forensic Mental Health Network and is a conjoint lecturer with the University of NSW.

Dr. Quazi Haque is the current President of the IAFMHS and Chief Medical Officer and co-founder of Elysium Healthcare in the UK. Over the years, he has held senior academic positions at the Institute of Psychiatry and is currently at the University of London. He is passionate about improving healthcare services, from an international perspective, across a range of physical & mental health specialties.

Equity, diversity and inclusion in the workplace

The speakers were asked to comment on their experiences and tips for students from diverse backgrounds who may want to follow in similar paths as them. Dr. Haque noted that although the opportunities for and representation by persons of diverse backgrounds - especially in leadership roles - has improved over the years, there is still more work to do. He expressed that it is reasonable for students to ask prospective employers difficult questions about their current stance on equity, diversity and inclusion, and suggested asking for concrete examples of how they are actively addressing this in their organization. Dr. Nanayakkara shared her own strategy for dealing with barriers related to diversity, specifically by actively

maintaining a positive mindset and understanding that overcoming these challenges will make you better in your job in the long run.

“Do not discount some of the false starts because some of that ends up being valuable in your practice at some point, and you don’t realize until it is happening.”
- Dr. Nanayakkara

Focus on who you surround yourself with

The speakers provided a wide range of valuable advice to current students who are interested in careers in academia, industry or a combination of both. Both speakers commented similarly on the importance of building teams that reflect your integrity and capability, as well as selecting team members who believe in the direction you are moving. As they both sit in prestigious leadership positions, they pointed out that this is especially important in a supervisory or mentorship capacity. Dr. Haque advised to “get the best people” and “find people that are even better than you”. Similarly, Dr. Nanayakkara advised on the importance of being open to a difference of opinions among teams and being able to openly receive critical feedback. She also highlighted the importance of diversity in opinions among team members when manifesting the growth of a program or organization. Dr. Nanayakkara reflected on the further disadvantages that women can face and shared that some of the biggest barriers she has faced in the workplace in the past have actually been by women colleagues. She encouraged women to be cognizant in their academic or industry workplace about how they can support each other, lift each other up and help each other achieve their personal goals.



“We have the propensity to want to hurry and think about where you want to go next, but it is important to take the time to get the skills and develop those skills in one area and then opportunities will come to you.”
- Dr. Haque