Spring Edition Features

Letter from the Editor

Dear members of the IAFMHS community,

Welcome to the latest installment of the IAFMHS newsletter. In this issue you will find a number of helpful resources. In addition to an update from outgoing IAFMHS President, Barry Rosenfeld, this newsletter will provide members with the conference details necessary to prepare for the upcoming conference in Montreal, Canada (June 25-27, 2019). In particular, you will find the Conference Scientific Committee's exciting lineup of events and a restaurant guide to Montréal's spectacular culinary scene.

As part of our regular features, this edition's International Forensic Mental Health Services Highlight is authored by incoming IAFMHS president Anne Crocker, who outlines forensic mental health services in Canada, while the Forensic Mental Health Nursing section describes Scotland's educational program to improve patient care and public safety, and our Research Update examines a new investigation into weight gain in secure psychiatric settings. Lastly, the Student Section presents Dr. Marie-Hélène Goulet and her work examining coercive measures in mental health settings and patient partnership in research.

As always, we encourage members of IAFMHS to submit content to our newsletter and welcome all comments and feedback.

We look forward to seeing you in Montréal!

Alicia Nijdam-Jones, Editor

IAFMHS President Barry Rosenfeld

Barry Rosenfeld Ph.D.

Professor of Psychology,
Fordham University,
New York, United States

When I started writing this column, I quickly realized that this will be my final entry as IAFMHS President. As sad as I will be to step down, I am happy to know that the organization will be in steady hands, with Anne Crocker taking the reins. Anne has prepared for this job in the same fashion that I did – organizing the annual meeting, which will be held this year in Montreal. Nearing the end of my 2-year tenure has also forced me to reflect on what, if any, accomplishments I can discern. Of course, the most obvious to me is that the organization is as vibrant as ever, and has continued to grow in popularity. One indicator of our organizational health is the steady growth of our membership, and in particular, the marked increase in our student members. In fact, growing the student membership was a central goal of my presidency and in coordination with the student section, we have implemented several initiatives that we hope have made membership and this association sufficiently valuable so that student members will remain with the organization for years to come.

As a university professor, I've been particularly happy with the ever-increasing role played by our student members (including Alicia Nijdam-Jones, who edits this newsletter and gently reminds me when it is time to write a column). Our student members have been particularly important contributors over these past few years, as evidenced by the development of multiple student awards at the annual conference and the development of the Derek Eaves Research Grants. Although student members initiated this research grant mechanism (and suggested it be named in honor of Derek's mentorship and generosity), our growing fiscal health has allowed the organization to provide additional support for these grants. In addition, our members have periodically offered substantial contributions that have further enhanced the fund. The result is an unexpected increase in the size and number of research grants awarded, which totaled nearly $5000 over the past year. Likewise, the student section continues to hold fundraisers to support the conference presentation awards that are distributed to student presenters each year. I've been happy to support the growth of these and other mechanisms to provide support and networking opportunities for our student members, such as the conference's annual student breakfast and social hour events.

Another element of association life that has grown significantly over the past two years is the level of connectivity we experience. These personal and professional connections have always been central to our annual meeting, and are reflected in the consistency with which members attend, not only the conference, but also the annual banquet (if you've never attended the banquet, consider adding it to your annual conference schedule – it is always great fun and a wonderful way to spend the evening with colleagues). Another indicator of our ever-increasing connectivity is this newsletter. I think it is abundantly clear that our quarterly newsletter has become increasingly valued by members, as an important source of information as well as a way for members to learn about one another. Columns such as Research Update, Early Career Corner, and interviews with members in unique roles and settings help further bridge the gaps between our countries, disciplines, and experiences. And of course, another of our key means for connecting, not only with one another, but also with the colleagues outside of our organization, is our journal. Under the skillful leadership of Dr. Tonia Nicholls, the *International Journal of Forensic Mental Health* has continued to flourish, rapidly rising in the ranks of mental health and law journals. The spectacular growth in our impact factor has undoubtedly been bolstered by the recent special issues, as well as the consistent contributions by our members and other researchers and scholars from around the globe. Each of these forums provide opportunities for us to learn about and from one another, and have been gratifying for me to be a part of.

As I watch my final weeks as President slip by, I am continually thankful for the opportunity to hold this post, to get to know new friends and strengthen relationships with old friends. It has been an honor that I've thoroughly enjoyed, and I hope that I have lived up to the role's expectations. I look forward to seeing many of you in Montreal this June – and hope that you will join us at the conference banquet. On a side note, Anne promises that there will be dancing, but I make no guarantees that I'll be on the floor, but you never know!

IAFMHS 2019 Montréal Conference

Kori Ryan, Psy.D. | Scientific Committee Chair; Michael Martin, Ph.D. | Scientific Committee Co-Chair

This year's conference is being held in vibrant and exciting Montréal, Quebec at the Hotel Boneventure. This year's conference theme, "Cultural diversity at the intersection of mental health and the law," highlights an ever-evolving and important aspect of forensic mental health. In the spirit of diversity, there are a wide range of countries being represented at this year's conference from an array of disciplines. These countries include Mexico, Thailand, China, Argentina, and more.

The themes highlighted in the conference are also increasingly diverse, including: childhood sexual exploitation, judicial decision making, prisoner mental health, risk assessment, the use of new technologies in forensic mental health, and managing patient violence, among others.

The conference keynote speakers also represent a wide variety of disciplines and diverse backgrounds. Dr. Rees Tapsell will speak on the treatment and rehabilitation of Māori mentally abnormal offenders, Dr. Richard Tremblay will speak on infant mental health and its role in forensic mental health, and Dr. Nancy Wolff will speak on Person-first strategies. We urge you to consider the pre- and post-conference workshops, including two workshops in French.

In addition to the robust conference program, we hope to see everyone at the wide variety of social events. The banquet dinner this year will include dancing, dining, and a panoramic view of the city's rich heritage from the Centre des Sciences de Montréal. Students will also find a variety of events to network, including the ever-popular 5k fun run and speakers specific to their needs.

Understanding and respecting diversity is a key element in today's forensic mental health practice., and the conference program reflects the increasing attention paid to the role of diversity. We look forward to seeing you in Montréal for what is sure to be an excellent conference.

Sincerely,

Kori Ryan, Psy.D. and Michael Martin, Ph.D.

Scientific Committee Co-Chairs

Conference Workshops

PRE-CONFERENCE (Monday, June 24, 2019)

1. Advances in Structured Professional Judgment: An Inter-disciplinary Workshop **Quazi Haque & Christopher Webster**
2. Forensic Clinical Interviewing: Developing Your Practice **Caroline Logan**
3. Assessment of protective factors in adults, young adults and juveniles: learning to use the SAPROF & SAPROF-Youth Version **Michiel de Vries Robbé & Ed Hilterman**

4a. Integrating Trauma Informed Care and Dialectical Behavior Therapy in Forensic Settings **Michelle Galietta**

4b. Advancing Risk Assessment and Risk Management using Analytics: The eHARM-FV **Gary Chaimowitz, Mini Mamak, & Katelyn Mullally**

POST-CONFERENCE (Friday, June 28, 2019)

1. Introduction to the SDV-20: Assessing and Managing Risk for Self-Directed Violence **Brianne Layden**
2. Introduction à l'évaluation de la psychopathie à l'aide de l'échelle de psychopathie de Hare **Joao Da Silva Guerreiro**
3. L'évaluation des facteurs de protection à l'aide de la SAPROF Formateur **Jean-Pierre Guay, Ph.D.**

For more information on the conference workshops, please visit our website: http://iafmhs.org/

Montréal, Canada

Montréal is the largest city in the Quebec province. With over 1.7 million inhabitants, it is also the second most populous city in Canada. Located on an island in the Saint Lawrence River, Montréal is named after Mount Royal, the triple-peaked hill located in the heart of the city. The city is made up of numerous boroughs and walking around will introduce you to the city's diverse architecture and history. Montréal's official language is French and is the main language for a large portion of the population. June is a wonderful time to visit this beautiful city, with the lovely weather, amazing food, and ample sightseeing opportunities, you can also celebrate St. Jean Baptiste Day, Quebec's national holiday on June 24th, or stay after the conference to attend the world's largest jazz festival, Le Festival de Jazz de Montréal 2019 June 27th to July 6th!


Café Parvis

A Culinary Guide to Exploring Montréal!

Marichelle Leclair, MSc. | Université de Montréal

Within a 1km radius from the Conference Hôtel Bonaventure

- **Café Parvis**. You need to know where you're going to find this café hidden behind a church. Locals gather all day long on the patio for fresh salads and creative pizza by the slice. ($-$$)
- **Humble Lion**. Great coffee, with two locations – one on McGill College and the other on Sherbrooke. ($)
- **La Habanera.** Cuban café and bar with a festive ambiance. Reservations are recommended. ($$)
- **Ferreira Café**. A staple of fine dining in Montréal, Portuguese cuisine. After 10pm, an appetizer and a main course will only set you back $30. Reservations required. ($$$-$$$$)

Old Montréal & Old Port

Place-d'Armes/Champ-de-Mars metro stations or ~20 minutes walk from the Hotel

- **Tommy Café.** A great coffeeshop to get those last-minute touch-ups to a presentation. ($-$$)
- **Un po' di piu**. For coffee and croissant in the morning, l'apéro in the late afternoon or a full meal in the evening. ($$)

Plateau Mont-Royal & Mile-End

Mont-Royal/Laurier metro stations or ~30/40 minutes walk from the Hotel

- **Bar Henrietta.** A wine bar with great cocktails or a cocktail place with a great wine list? Let us know. ($$)
- **Buvette chez Simone.** A classic. Come for the wine, stay for the French brasserie style small plates. ($$)
- **Réservoir.** Microbrewery with really great food for sharing and a rooftop patio. ($$)
- **Yokato Yokabai**. Excellent ramen place. ($$)
- **L'Express**. The classic French bistro par excellence. ($$-$$$)
- **St-Viateur Bagel**. Montréal bagels need no introduction. ($)

Off the Beaten Path

- **Dinette Triple Crown**. During your trip to the Jean Talon Market, grab a bottle of wine and head out to Dinette Triple Crown – they'll provide everything you can possibly need for a picnic in the Little Italy Park, cutlery, picnic blanket and fried chicken included. ($$)
- **Alexandraplatz**. To find this garage/parking space that magically transforms into a biergarten in the summer, get off at the Beaubien metro station and walk West for 10 minutes or so (you can't miss it if you follow the cool kids on bicycles). ($)
- **Manitoba**. If you aren't sure what local, sustainable Canadian cuisine looks like, head out to Manitoba (and have l'apéro at Alexandraplatz, a block away). ($$$)
- **Satay Brothers**. For festive Singaporean street food, get off at the Place Saint-Henri metro station. Worth the lineup. ($$)


Photo by Alyssa Black

CONFERENCE RATES

Student Member Rate $150 CAD

Member - Standard Rate $650 CAD

Non-member - Standard Rate $800 CAD

http://iafmhs.org/2019-registration

Have questions about the 2019 conference?

Contact us at 2019conference@iafmhs.org

Forensic Mental Health Services in Canada

Anne Crocker, Ph.D., IAFMHS President-Elect | Institut national de psychiatrie légale Philippe-Pinel, Montreal, Canada

Welcome to Montréal!

On behalf of the local organizing committee, I am delighted to welcome you to the 2019 IAFMHS conference, in the vibrant city of Montréal. I thought I would start this column with a few fun facts about Montréal.

Montréal is the largest city in the province of Quebec and the second largest in the entire country. Internationally, it is one of the five largest French-speaking cities. Most people in Montréal are bilingual (English and French) and many speak a third language. Montréal also has the highest number of restaurants per capita in Canada and is only second to New York City in North America, so you should have no problem finding something to your liking and appetite at walking distance (see suggestions by Marichelle Leclair on page 4).

Montréal is often voted one of the best student cities in the world, with four universities: two French universities (Université de Montréal and Université du Québec à Montréal) and two English universities (McGill University and Concordia University). Montréal has the highest concentration of post-secondary students in North America, followed by Boston.

In order not to obstruct the view from Mount Royal, no building can be higher than 232.5 meters above sea level and the Mount Royal Cross, which was erected in commemoration of the first settlers. Montréal has an underground city of over 32 kilometers connecting hotels, metro stations, shopping malls, universities, museums etc. The coldest recorded day in Montréal was in January 1979 at minus 49 degrees Celsius and the hottest at 37.6 degrees Celsius in August 1975 (ah the 70s!). For sports fans, the first recorded indoor hockey game took place in Montréal in 1875 and the first registered hockey team in the world was the McGill University Hockey Club in 1879.

Anne Crocker, Ph.D.
Institut national de psychiatrie légale Philippe-Pinel, Montréal, Canada

If music is your thing, you are in luck! John Lennon and Yoko Ono's bed-in for peace took place at the Queen Elisabeth hotel in Montréal in 1969 (across the street from Hotel Bonaventure, where the conference will take place). If you want to rent room 1742, it will cost you just about $2000 CAD a night!

Montréal hosts almost 100 festivals in any given year. We are happy to host the conference right at the time of the Montréal International Jazz Festival, the largest Jazz fest in the world. It starts June 28! Enjoy the free outdoor concerts or make sure you get your tickets early for indoor concerts! In addition to the great conference program and our outstanding keynote speakers, I hope we have enticed you further to visit and explore Montréal with these fun facts!

Forensic Mental Health Services in Canada

As in other jurisdictions around the world, Canada has also seen an increased demand in forensic services over the past 25 years. There are numerous reasons for this increase, whether it be related to specific civil legislation, lack of community-based psycho-social

resources, lack of affordable or supportive housing, poverty and limited opportunities for upward economic mobility for persons with severe mental illness, criminalization of mental illness, clinical profile complexity of certain persons, risk averse communities, heightened media attention to events involving violence or criminality of persons with mental illness.

The Criminal Code of Canada contains a whole section (Part XX. 1) pertaining to mental disorders. Canada as in many Common Law countries has procedures for raising the issue and evaluating fitness of accused to stand trial (competency to stand trial) and criminal responsibility of persons with mental illness (insanity defense).

An accused may be found unfit to stand trial if, because of a mental disorder, they are unable to understand that they are in a courtroom, who the people in the courtroom are, why they are there or if they do not understand what they are charged with, what kinds of pleas they can enter, and the consequences of those pleas, or if they can't communicate with their lawyer.

Persons who commit crimes but who either did not know that what they were doing was wrong or were not able to control themselves as a result of mental disorder can mount a defense of Not Criminally Responsible on account of Mental Disorder. Once found not criminally responsible (NCR), these persons come under the jurisdiction of a provincial Review Board, a quasi-judicial tribunal responsible for making decisions about the disposition of NCR persons. These dispositions range from detention in hospital to conditional discharge to absolute discharge. Conditions could include requiring that the person reside in certain places, abstain from using substances and whatever else the Review Board considers necessary to find the right balance between public safety and personal liberty. Review Board hearings are held at least on an annual basis for decisions about disposition and conditions. In Canada, there is no federal level of forensic services; the organization and delivery of (forensic) mental health services is a provincial responsibility and part of the provincial or territorial health systems. In addition to their core services, most forensic services also offer support and treatment to mentally disordered offenders in provincial prisons (sentences of less than two years). The organization of services in Canada vary from a highly centralized, integrated network of forensic mental health services, such as in British Columbia, to a small number of dedicated forensic facilities in Ontario, to highly distributed regional services in Québec. All provinces have a high secure facility or units for less populous provinces.

Institut National de Psychiatrie Légale Philippe-Pinel

Québec is the second most populous province in the country. The province is currently undergoing a restructuring of forensic services to improve clinical care pathways according to level of risk and needs across mental health services. Patients at the highest level of needs and security will be cared for at the Institut national de psychiatrie légale Philippe-Pinel. Pinel is a 267-bed maximum security psychiatric hospital, the largest forensic psychiatric facility in the country. Other psychiatric facilities across the province also provide services for forensic patients who do not need the highest levels of security and whose clinical, psychosocial and criminological needs are leading them towards lower levels of therapeutic security community-based programs.

At Pinel, inpatient services include two court-ordered assessment wards (mostly fitness to stand trial and criminal responsibility), one adolescent treatment unit, one unit for federally sentenced (sentence of two years or more) women who suffer from mental illness and all other wards for the care of adults with mental illness who committed a violent offense or whose needs and violence risk cannot be managed in other mental health facilities. Pinel also provides assessment and treatment services in provincial correctional facilities. Pinel outpatient services include assessment and consultation services for courts and other mental health services, as well as forensic case management services. Pinel has an outpatient risk assessment clinic and offers sex offender treatment services for both adults and youth.

Pinel also maintains strong links to research and academia. For instance, it is the home of the Observatory on Justice and Mental Health as well as a forensic psychiatry virtual reality lab. Over 115 students (criminology, psychology, psychiatry, forensic psychiatry, psycho-education, nursing etc.) carryout their internship at Pinel every year. There are 13 researchers from 5 universities and 18 national and international associate researchers actively conducting research on criminal responsibility, diversion programs, organization of forensic services, female violence, intra-familial violence, sex offending, etc. Pinel now has a provincial mandate for training staff in the health and social services network. It further provides training to public safety (correctional facilities, police services) and the judiciary on a variety of mental health, violence and justice issues.

Join us for the Montréal 2019 IAFMHS

We look forward to seeing you at the 19th annual IAFMHS conference in Montréal and continue discussions on current issues and advances in forensic mental health services around the world.

Tour of Institut National de Psychiatrie Légale Philippe-Pinel!

Philippe-Pinel Institute of Montréal
Image retrieved from UdemNouvelles

A tour of Pinel is planned on the morning of Friday June 28th, for conference attendees who wish to visit the forensic facility so keep an eye out for the signup sheet at the conference.

What Causes Weight Gain in Secure Psychiatric Inpatients?

Joseph L. Davies, M.Sc. | Cardiff Metropolitan University; Heidi Seage, Ph.D., C.Psychol | Cardiff Metropolitan University; Ruth Bagshaw, DClinPsy | Abertawe Bro Morgannwg University Health Board; Paul Hewlett, Ph.D., C.Psychol | Cardiff Metropolitan University; Andy Watt, Ph.D. | Cardiff Metropolitan University

Weight gain is a significant challenge for mental health services users. Inpatients gain on average three to five pounds a month during initial treatment (Shin et al., 2012). This can have severe implications for the patient group: life expectancy for people with serious mental health problems is reported to be 20 years shorter than the general population (Laursen, 2011). Preventable physical illness is a leading cause of death in people with schizophrenia (Hennekens et al., 2005). In fact, people with this diagnosis are three times more likely to die from coronary heart disease than the general population (Hennekens et al., 2005) and they are also at increased risk for developing type two diabetes and life-shortening respiratory diseases (Subashini et al., 2011; Tay, Nurjono & Lee, 2013). Obesity is a key contributing factor in all of these health conditions.

Drugs that are used to treat mental illnesses like schizophrenia (i.e. atypical antipsychotic medications) stimulate hormones and neurotransmitters related to appetite control (Bak et al., 2014). Attention for emotionally salient cues is commonly disrupted in schizophrenia (Anticevic, Repovs & Barch, 2012) and is disrupted within brain areas involved in attentional processing. Antipsychotic drugs partially restore regulation of attentional processes and reduce attentional deficits (Keedy et al., 2014). Amongst the therapeutic benefits of antipsychotic drugs, it is also plausible that they restore ability to direct focused attention to food cues or for especially palatable foods to 'capture' attention. This is a concept known as attentional bias (Macleod, Matthews & Tata, 1986).

Much of the literature points to antipsychotic drugs as the key contributor to weight gain (Leucht et al., 2013); however, we conducted a retrospective study exploring the association between demographic information, clinical information and weight gain in a secure psychiatric inpatient population. The results found that there was no association between the type of antipsychotic drug (classified as either high risk or low risk of inducing weight gain; Leucht et al., 2013) they were prescribed and the amount of weight that they gained. These null findings have prompted consideration of psychological processes that have been shown to mediate weight gain in people outside of the psychiatric population.

An important behavioural factor in obesity is individual responsiveness to seeing food and food related cues. Attentional processes normally underpin an individual's motivation to consume highly palatable foods that are typically high in fat and sugars. The degree to which an individual allocates attention to food cues in their environment is therefore influenced by the 'pull' of food cues is a useful predictor of their propensity to overeat (Seage & Lee, 2017). Thus, psychological factors are likely to mediate the weight gain potential of antipsychotics.

Informed by the current literature, this PhD project aims to explore the predictive power of individual psychological, behavioural and environmental factors on weight gain and obesity in long stay mental health inpatients, who receive regular antipsychotic medication. These factors have been shown in the non-psychiatric literature to be significant predictors of weight gain and are highlighted in the table below.

Measures used to capture psychological, behavioural and environmental factors

FACTOR		MEASUREMENT
Attentional bias	Greater attention towards high calorific food cues is a useful predictor of people's propensity to overeat)	Visual Dot Probe Task and the Attention Control Scale
Cognitive impairment	Planning, problem solving, working memory, mental control, has shown strong associations with obesity	Montréal Cognitive Assessment Tool
Delayed gratification	Deficits in delay of gratification are shown to be predictors of obesity later in life	Delayed Gratification Inventory
Eating restraint	High levels of restraint eating is paradoxically associated with greater BMI compared to intermediate and lower levels	Three-Factor Eating Questionnaire
Adverse childhood experiences	Adverse childhood experiences have been shown to impact health-harming behaviours particularly poor diet and this is possibly the result of experiential avoidance.	ACE's tool and the Brief Experiential Avoidance Questionnaire
Attachment security	There is some evidence to suggest that anxious attachment styles are associated with obesity	The Relationship Questionnaire
Food Proximity	People's exposure to high calorific foods has shown to be associated with weight gain and obesity	Power of Food Scale

We aim to collect data from 270 participants received services at four Abertawe Bro Morgannwg Health Board (ABMU) secure psychiatric inpatient services, and four private services. Participants who agree to take part will first be weighed, then asked to complete the above measures. Weight will be collected monthly after testing has finished for six months. Information relating to their prescribed medication, height, sex and age will also be collected at baseline. The primary outcome measure for this study will be mean differences in

analysis to explore the predictive power of the variables stated above.

The range of this work is certainly in its infancy, with a myriad of potential factors contributing to weight gain in secure psychiatric services. However, we hope that our findings will give an insight into which psychological factors are implicated in weight gain in this population. Furthermore, we hope that our findings can be used to develop a screening tool or weight-management intervention for people who are more prone to weight gain.

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OPENINGS FOR PSYCHOLOGISTS IN NEW YORK STATE

The New York State Office of Mental Health is excited to announce openings in the secure forensic inpatient hospital at Central New York Psychiatric Center (CNYPC) in Marcy, NY. The facility serves individuals involved with the criminal justice system pre- and post-adjudication,

including those in need of acute psychiatric care or deemed incompetent to stand trial. The populations served are extremely diverse, presenting with a broad range of psychiatric, cognitive, medical, behavioral, and legal issues. Individuals with an interest in and/or experience with culturally responsive and competent approaches to working with underserved populations are encouraged to apply.

The work at CNYPC is unique, dynamic, and an exciting balance of clinical and forensic challenges. Psychologists may be assigned to specific wards to provide individual and group treatment and function as part of a multidisciplinary treatment team. Doctoral-level psychologists conduct a variety of psychological and forensic assessments, including: violence risk, suicide risk, cognitive issues, diagnostic clarification, adjudicative and medical competence, psychological autopsies, and behavior support plans. Additionally, psychologists may serve as supervisors or faculty with the CNYPC Doctoral Internship in Health Service Psychology. Applicants need not be American citizens.

SUMMARY OF BENEFITS

- Generous medical, dental, and vision insurance with competitive employee contribution rates.
- Retirement package including defined-benefit pension and deferred compensation plans.
- Generous paid time off including vacation, holidays, personal, & sick leave.
- Clinical supervision in support of licensure. Starting salaries of $73,284 for unlicensed doctoral Psychologists and $81,446 for NYS Licensed Psychologists.
- Robust continuing education opportunities

INQUIRIES

Inquiries should be directed to Nichole Marioni, PhD, ABPP, nichole.marioni@omh.ny.gov

Educational Demand in Scottish Forensic Mental Health Services & Practice Based Learning

Helen Walker, Ph.D. | Forensic Mental Health Managed Care Network and University of the West of Scotland, Scotland

Helen Walker, Ph.D.
Consultant Nurse, Forensic Mental Health Managed Care Network
Senior Lecturer, University of the West of Scotland, UK

Major changes have occurred in Scottish Forensic Mental Health Services (FMHS) over the last decade, through the implementation of new mental health legislation, changing facilities and working practices. These developments highlighted a substantial educational agenda to ensure improved patient care and public safety. Existing educational provision was found to be insufficient, uni-disciplinary, sporadic and geographically variable (Forensic Network, 2005). In response the School of Forensic Mental Health (SoFMH), a virtual School available to all colleagues across the forensic estate, was established. SoFMH offers multi-level provision of education from introductory programs and short professional courses, to an M.Sc. in Forensic Mental Health provided in partnership with the University of the West of Scotland.

The Scale of the Problem

A formal independent needs assessment, conducted by the Scottish Development Centre for Mental Health (2005), confirmed significant deficits in the provision of education and outlined four potential development options which were formally appraised by short life working group facilitated by the FMHS Managed Care Network (Forensic Network, 2005). Part of the solution involved the development and introduction of the New to Forensic (N2F) Mental Health Program and latterly the N2F Program Suite, which includes a N2F program for Northern Ireland; N2F:Essentials of Psychological Care (N2F:EoPC); N2F:Medicine and N2F program for The Richmond Fellowship (Voluntary Sector). N2F:Mental Health was launched as the first program for SoFMH and was designed to meet the initial needs of all staff, both existing and new. It was designed for use by all disciplines, is self-directed, practice based, using problem-based approaches. The program consists of fifteen chapters outlining a patient's journey and each chapter contains patient scenarios, basic information, reflective diary, and case studies with questions. Completion is supported and monitored through monthly meetings with approved mentors. An e-learning approach was not taken due to limited computer access at some staff levels.

The N2F:Mental Health program was developed through extensive consultation with stakeholders, which included patients and carers. A steering group, formed from lead clinicians, academics and practitioners across the forensic estate, was established to oversee the development of the program and a national consultation event was held to consider program content.

The program was designed for use across primary, secondary and tertiary care services. The initiative commenced in 2007 and the evaluation was conducted between 2008 and 2010. By 2019, 1708 staff and 284 mentors across all professional disciplines and from third sector partner agencies have been trained and a further 300 are in the midst of completing the various programs.

A three year, two-tiered evaluation of N2F:Mental Health was undertaken. Firstly, measurements of participants' confidence in knowledge, rated on Likert scales, were taken pre and post program indicating significant improvement. Secondly, organizational impact was assessed through interviews with senior managers. Results of these interviews highlighted increases in staff respect and understanding of other disciplines roles, increases in early reporting due to greater awareness and understanding of potential risk situations, and increases in reflective practice reducing 'act first think later' approaches (Walker et al 2011, 2013). A more recent evaluation of the N2F Northern Ireland Program (article in preparation) has found equally positive opinion in support of the program.

The N2F:Mental Health program is thoroughly embedded in practice; across Scottish forensic mental health services all new employees aim to complete the program in their first year. The success of the original program led to the development of the suite of programs. A new edition of N2F:Mental Health for 2017 reflecting legislative changes has been completed and an English version is under development.

This is an original intervention and has markedly improved communication between staff, patients, and carers. The N2F Program Suite provides a sustainable and replicable model for consistently increasing workforce skills across all disciplines and on a multi-agency basis. There have been requests for replication of the program for further subject areas.

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Spotlight: Interview with Dr. Marie-Hélène Goulet

Student Section Editors: Ilvy Goossens, Student President | Simon Fraser University, Canada; Maria Aparcero-Suero, Student President-Elect | Fordham University, USA; Laura Dellazizzo, Student Secretary | University of Montréal, Canada

Dr. Marie-Hélène Goulet is a nurse, assistant professor (Faculty of Nursing Sciences, University of Montréal), and researcher. Prior to obtaining a Ph.D. in nursing, she obtained a BA and MA in French literature at the University of Montréal. Recently, she completed a postdoctoral fellowship at the Faculty of Law at McGill University. Throughout her career, Marie-Hélène has held several grants and awards including the Quebec Network on Nursing Intervention Research (RRISIQ), the Faculty of Nursing Sciences (FSI), the Canadian Institutes of Health Research (CIHR), and the Quebec Health Research Fund (FRQS), among others. She was also awarded a doctoral scholarship from the Fernand Seguin Research Center. Her research interests revolve around coercive measures (i.e., isolation, restraint, and treatment orders) in mental health settings and patient partnership in research. In her program of work, she combines both quantitative and qualitative research methods. As you will be able to read below, Marie-Helene demonstrates a reflexivity and openness in her approach to research. She does not shy away from self-examination, which is one of the reasons why we have invited her for our Spotlight series. We are happy to have her share her story; we hope you enjoy the read.

Marie-Hélène Goulet, Ph.D.
Assistant Professor, University of Montréal
Montréal, Canada

Q: What peaked your interest in psychiatric nursing, and subsequently drove you to a career in academia?

A: When I was working as a casual/nurse on call, I loved shifts on the psychiatric ward; I noticed it was based on true multidisciplinary teamwork. I saw how this can create a sense of safety and trust within teams. I also had experience as a research assistant on projects regarding seclusion and restraint reduction. When I was finally employed as a nurse, I was shocked by the gap in theory and practice on this issue. I came to the realization that the only way to make a difference on a larger scale, and not only with the patients that I was treating, was to get involved in a research career to advance knowledge about prevention of seclusion and restraint measures.

Q: Is there anything you would have liked to do differently in your career path or would have wanted to know earlier?

A: I would not change anything in my career path. Each step I took provided me with knowledge that I use to this day: my master's degree in literature prepared me for qualitative analyses and the work I did as a nurse lead me towards clinical research.

Q: How did you become involved in the forensic field and the IAFMHS?

A: Seclusion and restraint are (supposed to be) last resorts and are governed by very specific pieces of legislation. My work as a research assistant and as a doctoral student had highlighted a lack of knowledge of the legal framework by stakeholders, including the nurses. For my postdoctoral fellowship, I connected with Dr. Anne Crocker (incoming IAFMHS President) because she allowed me to further explore the psycho-legal aspects of coercive measures in psychiatry.

The biggest challenge was maintaining a balance between my doctoral project, my research assistantships, and my involvement in different student associations and community organizations. Little by little, I had to learn to say no and choose the opportunities best aligned with my own journey.

Q: What are the challenges you experienced during and/or after graduating and how did you resolve them?

A: As a graduate student, the biggest challenge was maintaining a balance between my doctoral project, my research assistantships, and my involvement in different student associations and community organizations. Little by little, I had to learn to say no and choose the opportunities best aligned with my own journey. This is a sensitive challenge because the more you are involved, the more people think of you for different projects. It is easy to get scattered and lose focus.

When the time came for the final sprint of writing my thesis, it was clear that those who started graduate school with me were not necessarily at the same stage as me. It was helpful to surround myself with people (in my case, cardiology students) who did not necessarily share the same research interests, but who were at the same stage as I was. For example, we set up an informal working and proofreading committee where it was possible to pass through our insecurities and have a critical first reading of our thesis before submitting it to our supervisor.

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Q: Could you share a few important moments in your career that ultimately shaped you as a woman in science, as an adjunct professor in nursing?

A: The first time that I taught a class on mental health at the bachelor level, I had a major case of 'imposter syndrome'; I felt I did not have enough experience as a clinician. However, I was amazed by the students' thirst for knowledge as well as their fear of psychiatry. I found that students needed to be reassured by getting as much knowledge as possible. Seeing that I could have a real influence on de-stigmatizing mental health (e.g., by inviting service users as guest speakers) was extremely enlightening.

Q: From your perspective, what are some of the challenges our/your field is facing?

A: One of the biggest challenges in mental health, and more specifically in forensic psychiatry, is truly altering the culture of care. In my work, I have noticed that many stakeholders value recovery when, in fact, practice is more related to risk management where tolerance for disruptive behavior is very low. A challenge more specific to nursing is leadership so that nurses can deploy and exercise the full scope of their skills, such as evaluating the physical and mental condition of a person presenting signs of violence.

Q: Could you tell us about your interest in coercive measures (e.g., isolation, restraint, treatment order) and management of aggressive behavior in psychiatric settings. How did you became interested in this area?

A: My research program explores coercion in mental health with the goal of preventing it as much as possible. Coercion can be exercised at different points in the patients' care path: institutional care (including involuntary commitment), seclusion, restraint and involuntary treatment orders. I think that management of aggression is the foremost route to prevention of these coercive measures. That is why the implementation of preventive interventions is the main focus of my research. I want to ensure that the use of coercive measures remains exceptional, as stipulated by the law.

Q: In 2017, you spoke at the annual IAFMHS conference in the Professional Panel about 'participatory action research'. Could you tell us a bit more about that?

A: Participatory Action Research, for me, means doing research according to my values: inclusion of all parties by teamwork between researchers, managers, clinicians, as well as people directly affected by control measures. Having the latter's input on the angles to be addressed (e.g., in study interview guides) prioritizes the development of knowledge that really makes sense - for all - and thus potentiates their use. I have often asked myself "Am I truly the best person to talk about seclusion and restraints?" and have come to the conclusion that I may be well positioned to talk about the best methods to study it, but not to talk about it first-hand as experienced by those undergoing it.

Participatory Action Research, for me, means doing research according to my values: inclusion of all parties by teamwork between researchers, managers, clinicians, as well as people directly affected by control measures.

Q: Relatedly, in your experience, what is the benefit of qualitative analysis over/in addition to quantitative analysis?

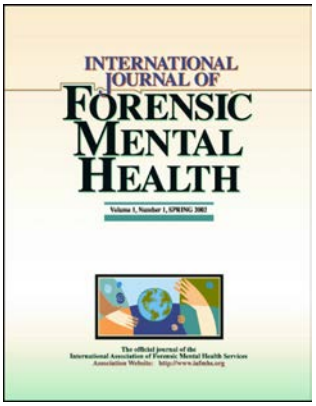
A: Just like *Participatory Action Research* involves the participation of all to have a better perspective on a problem, it is important to draw from different approaches (qualitative and quantitative) to further our understanding of a specific problem. Of course, the added value of qualitative research also depends on the research question and the state of knowledge. In sum, it really is all about making sure there is consistency between the elements (e.g., research question, state of literature, population, topic) and not just a researcher's preference.

Keep an eye out ...

For these events at IAFMHS

1. Student breakfast *(FREE - students only)*
2. 5K fun run *(all welcome)*
3. Student social *(FREE - student only)*
4. Dr. **Michael Seto**'s session: "Advice for the next generation in forensic mental health" *(all welcome)*

Feature Article



Psychopathic Traits and Empathic Functioning in Detained Juveniles: Withdrawal Response to Empathic Sadness

Esther L. de Ruigh, Lucres M. C. Jansen, Robert Vermeiren & Arne Popma

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In order to gain insight in empathic deficits in juveniles with severe antisocial problems and psychopathic traits, self-reported psychopathic traits and trait empathy were assessed in 416 detained male juveniles. State empathy was assessed by self-reported empathic and autonomic nervous system (ANS) responses to sad film clips. Psychopathic traits were significantly negatively correlated with empathy, although not with ANS responses. Individuals reporting no empathy showed significantly less heart rate withdrawal compared to individuals reporting higher empathy. This implies that physiological responses may be helpful in identifying juveniles with severely impaired empathic functioning, even in a severely antisocial sample.

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Please refer to the journal's webpage for more information, or contact the Editor, Tonia Nicholls (tnicholls@forensic.bc.ca) or the Editorial Assistant, Ilvy Goossens (ilvy.goossens@forensic.bc.ca), with your inquiries.

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