

INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER



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Autumn Edition Features

Risky Business

The Predominance of Perceived Risk in Secure and Forensic Mental Health Settings

2

Sarah Markham

IJFMH Featured Article

3

Forensic Mental Health Nursing

Quality improvement initiative to promote patient activity

4

Lindsay Tulloch

Journal and Conference Opportunities

6

Call for Papers and Submissions

Mental Health Diversion

A Multifaceted Analysis of the Justice and Mental Health Support Programs in the Province of Québec (Canada)

7

Geneviève Nault et al.

Editorial Updates

8

Student Section

Welcome from the 2021-2022 Student Board

9

Early Career Corner

Navigating uncertainty: Starting a career in a pandemic

10

C. Adam Coffey

Letter from the Editor

"How beautifully leaves grow old. How full of light and color are their last days."

John Burroughs

It has felt like a lifetime since our last in-person conference and so it feels absolutely necessary to start off this edition of the newsletter by highlighting our call for submissions to the Berlin 2022 Conference. I could not help but smile and think it was kismet that our wonderful organization made this announcement during the height of Oktoberfest. Is it too soon to start counting down the days until we can be sharing currywurst, schnitzel, and a pint while discussing advances in our field?

I am thrilled to announce that we have Samantha Zottola joining our newsletter as Editorial Assistant. Finally, I would like to highlight the fascinating QI contribution from the Nursing Section in Scotland on p. 4 of our issue. We hope to bring our members more exciting and relevant content and so we always appreciate ideas, content, and inspiration to this end.

Sarah Coupland, Editor

The Predominance of Perceived Risk in Secure and Forensic Mental Health Settings

Sarah Markham, B.A. (Hons), M.A. (Cantab), Ph.D.)¹

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In the UK, patients detained under Part III of the MHA (1983) are required by law to receive specialist care as their mental disorder is perceived as posing a risk of harm to themselves and to the community. Secure and forensic mental health services are provided for such patients. Risk can manifest at individual, interpersonal, organizational, and community levels. Adverse incidents, some having extreme consequences, can and do present in secure and forensic mental health settings. Evidence-based understanding of causal factors, authoritative and procedurally-just boundary setting, consistent care, treatment, and proportionate monitoring are required to maintain therapeutic efficacy.

The care and treatment of mentally disordered offenders involves balancing the therapeutic role with managing perceived risk and maintaining safety and security. However, in practice, secure and forensic settings place an overriding emphasis on physical and procedural security; ways of working with and treating patients that are viewed as permissible and even necessary, given the stereotypes associated with mentally disordered patients. This can lead to administratively and legislatively driven disregard for patient well-being and even harm. It is recognised that disproportionate risk aversion can lead to patients being deprived of the opportunities they need to progress in their recovery.

Within forensic clinical practice, risk tends to be treated as an objective reality that can be rationally managed via the deployment of expert knowledge and authority. However early modern anthropological research reified that the way in which risk is perceived and responded to, is determined by social values and institutions rather than evidence-based thinking. Risk rather than being a neutral, objective concept is infused with values and beliefs that can exert a significant normalising influence and ultimately determine what is and is not to be considered as a risk.



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The concept of risk provides the *raison d'être* for the structure and operation of secure mental health systems, directing every aspect of the care and treatment of mentally disordered offenders from admission to discharge and beyond. Without the notion of risk and beliefs regarding its assessment and management, these hospitals would not exist. Forensic mental health care spans both criminal justice and healthcare systems and as such, is subject to the political, cultural, legal and economic factors influencing these contexts.

It is recognised that secure and forensic mental health settings can be highly restrictive, coercive and risk averse. The dominant discourses of modern forensic psychiatry are constituted by reductively simplistic conceptions of the causation of violence. The stigmatisation, lack of rigour in the decision-making used to maintain detention under the MHA (1983), and effectively unchecked discretion of the Ministry of Justice regarding the recall of patients under S41 of the MHA (2013) are manifestations of the means by which modern government and society seek to assuage their sense of ontological security in the face of offences committed by those with a diagnosis of mental disorder. (... *Continued on next page*)

Sarah Coupland, Editor

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Corner, Lithia Forensics and Consulting (USA)

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Swinburne University of Technology (AUS)

Editorial Team

The Predominance of Perceived Risk in Secure and Forensic Mental Health Settings

Forensic psychiatry can be framed as operationalising a system of social control in which individuals with the mentally disordered offender label are stratified according to the risk they are perceived to present to others in high, medium, and low secure mental health settings. In these settings, treatment and care are delivered within a coercive framework of imposed assessment and therapy. Risk assessment and management subsume all other dimensions of care and treatment. They are multi-dimensional processes relating to physical, procedural, and relational security with the over-arching aim of integrating security with therapeutic goals. Perceived risk can dominate every aspect of practice and service provision, leading to a culture of containment developing whereby staff increasingly prioritise perceived safety over recovery and favour the deployment of risk-averse approaches (including seclusion and restraint) rather than using more therapeutic forms of intervention.

It can be argued that the focus on risk assessment and management discriminates against those with a diagnosis

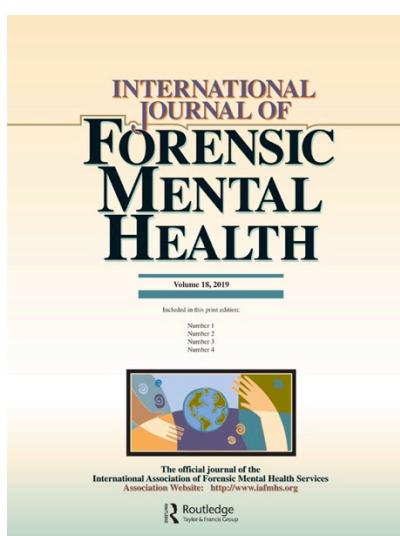
of mental disorder given the mandatory nature of such practices and associated controls placed on patients. The significant risk of disproportionate risk aversion and coercion will continue given the perceived implications for professionals of failure to predict what may be unpredictable and consequent apportioning of accountability and blame. Where risk assessment and management dominate and pervade the provision of care and treatment, together with patients' autonomy, the potential for inappropriate levels of restriction to be imposed upon individuals and unjustified qualification of their Human Rights will remain.

If you have a different viewpoint, we invite responses to this article. Please contact the Editor, Sarah Coupland (sarah.coupland@sfu.ca)

If you are a practitioner or researcher engaged in risk assessment/management and would like to share your research, perspective, or ideas with readers, please contact the Risky Business editor, Krystle Martin at martink@ontarioshores.ca.

INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH

Feature Article



An Exploration of Risk and Protective Characteristics of Violent Youth Offenders in Singapore across Adolescent Developmental Stages

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The risk and protective factors in a sample of 224 Singaporean youths who have engaged in violence are investigated using the SAVRY the VRS-YV, and the SAPROF-YV. Youths in the early and middle stages of adolescence exhibited more risk factors and fewer protective factors than late stage adolescents. This may be due to cultural and societal influences as well as maturation processes which guide the development of risk and protective factors over the course of adolescence. These findings highlight the importance of developing treatment programs for violent youth that are developmentally matched and which address specific areas of need.

FORENSIC MENTAL HEALTH NURSING

Quality improvement initiative to promote patient activity

Lindsay Tulloch, RMN, MSc, Senior Charge Nurse, The State Hospital, Scotland

Background

The State Hospital (TSH) is a high secure unit in Scotland with a capacity of 140 beds; there are currently around 115 patients. In recent years the hospital has been unable to devise and implement an approach to patient activity that is driven by patient need, engages staff across the site, and makes best use of all available resources. A quality improvement (QI) methodology was endorsed to address the situation and identify a potential solution. QI initiatives are generally used to focus attention on particular areas of difficulty and have the potential to generate significant change. In 2020, the Senior Management at TSH commissioned a project to review the operating model of patient activity. This was to be designed to support the delivery of a sustainable 7-day service, including individually tailored care and treatment planned activity across the site. It also needed to take account of the current restrictions in place due to Covid-19. Supporting evidence on patient activity is available, although there is perhaps less focus on secure units and more on community based services (Whiteford et al., 2020; Roberts et al., 2015; Wynaden et al., 2012).

Quality Improvement Project

In November 2020, the patient activity project team (led by the Clinical Operations Manager) agreed a Project Charter setting out a proposed 90-day quality improvement project to review activity, with the aim of establishing a plan for a 7-day service across the site by 31 March 2021. The proposal included 3 x 30 day phases:

A “**scan**” phase (which included a literature review, expert interviews, process mapping and beginning to develop a driver diagram)

A “**focus**” phase (moving from theoretical understanding to developing models of what would work in practice and what could be tested)

A “**summarise**” phase (to complete the validation of the theory developed and to prepare a final summary of what was learned and developed and hand over a prototype for testing to an implementation team).

During the initial scan phase, the project team enlisted additional support to carry out the proposed tasks and it was agreed that it was essential to engage with as many staff and patients as possible across the site but that this would require additional time. As the work was completed the initial 90-day plan was reviewed and it was agreed it was neither feasible nor the best model to take forward the work.

Lindsay Tulloch

RMN, MSc
Senior Charge Nurse
The State Hospital
Scotland



From December 2020 to June 2021, the following work was completed:

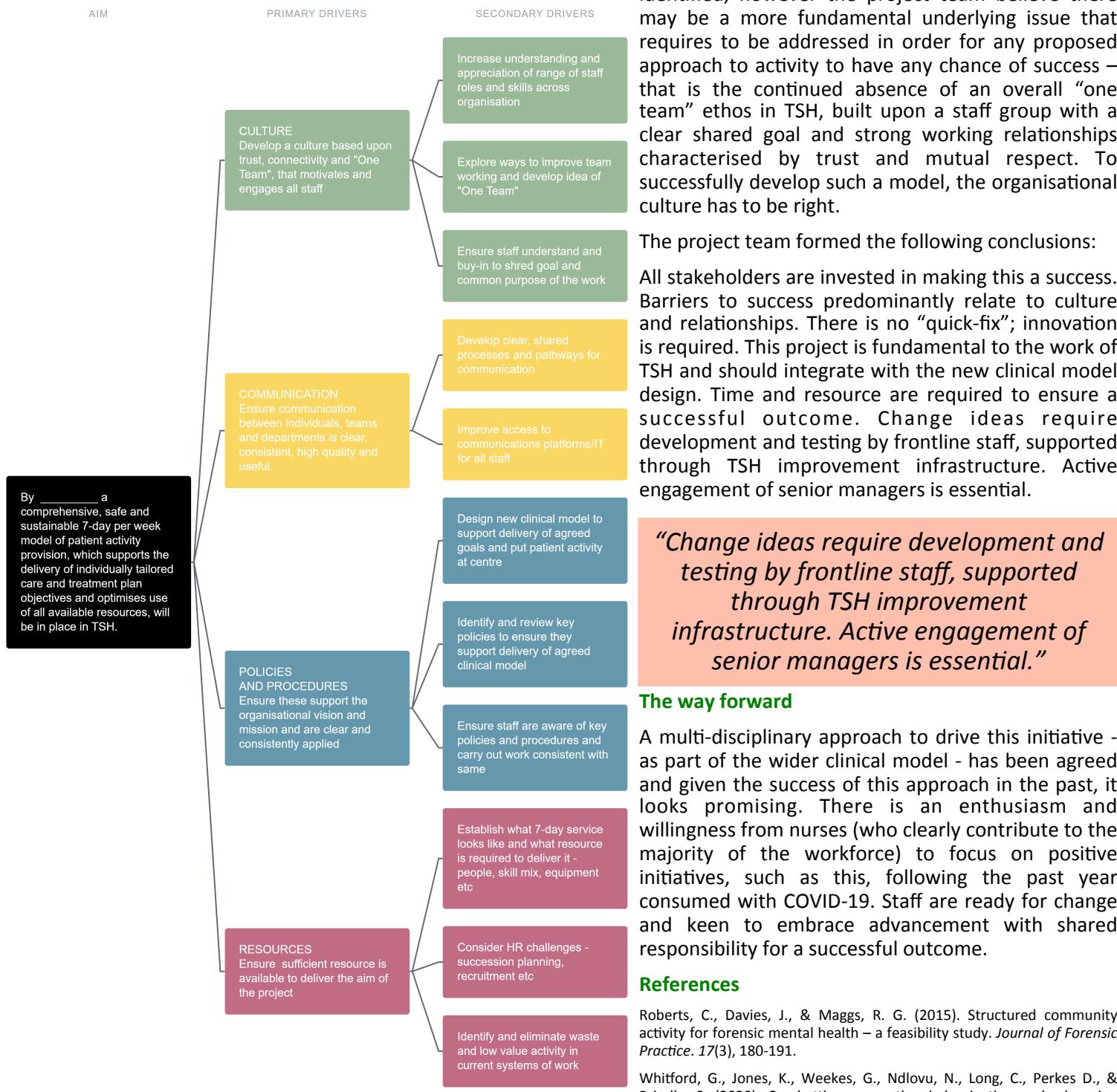
- Literature review
- Expert interviews (involving representatives from IAFMHS Nurses Special Interest Group)
- Process mapping/engagement sessions with all teams/depts.
- Patient feedback exercise
- Process map developed
- Force field analysis
- Cause and effect analysis
- Development of driver diagram
- Project team session on change ideas/next steps.

Assessment of the situation

The work to date has allowed the project team to develop a more comprehensive understanding of the challenges that have prevented the implementation of an effective 7-day activity service across TSH. The challenges have been categorised into 6 main themes: resources; procedures/practice; communication; people; measurement, and culture. A driver diagram was developed translating four of these themes into the primary drivers in the overall change strategy (**See Figure 1**). (... *Continued on next page.*)

FORENSIC MENTAL HEALTH NURSING

Quality improvement initiative to promote patient activity



The way forward

A multi-disciplinary approach to drive this initiative - as part of the wider clinical model - has been agreed and given the success of this approach in the past, it looks promising. There is an enthusiasm and willingness from nurses (who clearly contribute to the majority of the workforce) to focus on positive initiatives, such as this, following the past year consumed with COVID-19. Staff are ready for change and keen to embrace advancement with shared responsibility for a successful outcome.

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Figure 1. A driver diagram.

IAFMHS & IJFMH



The 2022 IAFMHS conference theme will be **Innovations and Resilience through Adversity: Advances in Forensic Mental Health Assessment & Treatment.**

The conference will be in-person in Berlin, Germany. IAFMHS will continue to closely monitor the situation and take all necessary precautions, including requiring proof of vaccination and/or proof of negative Covid-19 test.

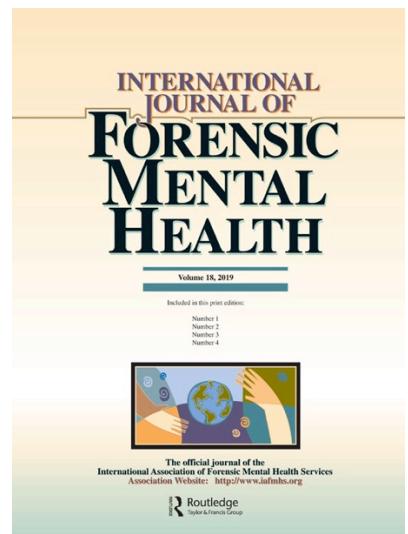
The deadline for submissions is 1 December 2021. The submission portal will open on 11 November 2021

IJFMH Call for Papers

The International Journal of Forensic Mental Health Services currently has a call for papers for a special issue on **Equity, Diversity, and Inclusion in Forensic Mental Health Services** with editors Alicia Nijdam-Jones, Lauren Kois, and Stephane Shepard.

In this special issue for the *International Journal of Forensic Mental Health* we would like to draw attention to ways in which forensic mental health services can become more inclusive, fair, and responsive. We welcome original research and systematic reviews/meta-analyses and invite authors to explore relevant questions and describe inclusive, equitable and responsive practice initiatives that may help improve forensic mental health services around the world. We note that diversity encompasses various personal characteristics and socio-cultural factors reflecting but not limited to culture, race, ethnicity, sexual orientation, gender, age, developmental and acquired disability, socioeconomic status, religion, Indigenous heritage, and national origin.

The deadline for manuscripts is 31 May 2022. Click [here](#) for more information.



MENTAL HEALTH DIVERSION

A Multifaceted Analysis of the Justice and Mental Health Support Programs in the Province of Québec (Canada)

Geneviève Nault, Ph.D. candidate¹, Yanick Charette, PhD.², Audrey-Anne Dumais-Michaud, Ph.D.², Anne Crocker, Ph.D.³

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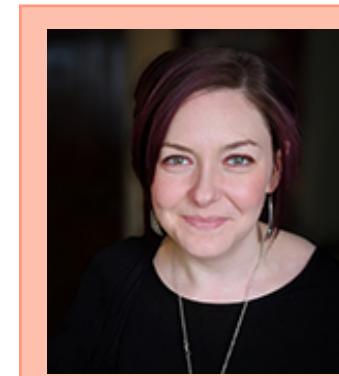
We have witnessed an increase in the creation and implementation of diversion programs in Canada, the United States and around the world. Mental health courts offer accused individuals living with mental health problems an opportunity to engage with mental health and social services in lieu of incarceration. Known in Québec (Canada) as PAJ-SM (French acronym of Justice and Mental Health Support Program), more than 30 Mental Health Courts have been implemented or projected across the province. Although mental health courts have been the subject of research elsewhere in Canada and especially in the United States, very little research has focused on Mental Health Courts in Québec. As Mental Health Courts gain in popularity, the Ministry of Justice has mandated a team of researchers from the *Justice and Mental Health Observatory* to conduct research to better understand how the different programs work, what works and what could be improved upon in order to inform the creation of provincial guidelines in the matter.

Research Objectives

Our research aims to document and evaluate mental health court programs in Québec in order to determine their impact on participants' justice and care 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 needs of stakeholders. To meet these broader goals, our specific objectives are to document 1) the structure and operation of different programs; 2) the characteristics of participants in these programs; 3) the pathways through the different programs; 4) the parallel progression of participants' judicial and care trajectories before, during and after the program; and 5) the level of satisfaction of participants and stakeholders.

Methodology

To meet these objectives, we are implementing a triangulated sequential mixed-method project. These methods will target different populations to obtain the perspective of different stakeholders. We selected the 10



**Geneviève Nault,
Ph.D. candidate**

oldest programs to ensure a sufficient observation period. This mixed-method project includes several data collection elements. We are compiling program characteristics through a structured questionnaire completed by key respondents from each Mental Health Court ($n=10$) as well as observational data. We are also gathering data on participant characteristics through a review of court files ($n=1436$). We plan to pair this data with health record and criminal record data to evaluate the impact of these programs on participants' justice and care trajectories. In addition to administrative records, we are conducting quantitative ($n=573$) and qualitative ($n=33$) interviews with program participants to understand their life trajectory and perception of these programs. (...Continued on next page)



**Observatoire
en justice et
santé mentale**

MENTAL HEALTH DIVERSION

A Multifaceted Analysis of the Justice and Mental Health Support Programs in the Province of Québec (Canada)

To understand the local community context, we are also conducting surveys ($n=250$) with frontline workers from the health and social services system, community organizations and the judicial system to explore their understanding of mental health courts and their experience working with individuals with mental health problems who are involved in the criminal justice system. Additionally, we are conducting qualitative interviews ($n=33$) with Mental Health Court team members to gather their perspective and experience of these programs. Finally, through qualitative interviews with participants' friends and families ($n=11$) and a large-scale survey of the general population ($n=400$), we hope to understand the broader community context and support for such programs.

Expected Outcomes

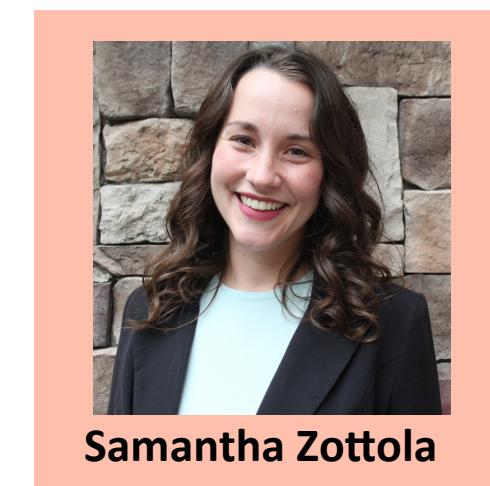
As each of these programs emanates from local initiatives, they all present unique features. Our work aims to compare the different Mental Health Court programs in Québec via a natural experiment design and also to compare our findings with the existing literature on Mental Health Courts. Through this work, we hope to identify good practices in this area and thus improve the operation, deployment and impact of mental health courts and other diversion programs, protocols, and initiatives for people with mental health issues who come in contact with the criminal justice system.

If you are a practitioner or researcher engaged in new or novel mental health diversion initiatives and would like to see this work highlighted, contact Evan Lowder at elowder@gmu.edu.

EDITORIAL UPDATES

Welcome to our new Editorial Assistant!

We are thrilled to have Dr. Samantha Zottola joining us as our Editorial Assistant with the newsletter. She is currently a Project Associate at Policy Research Associates, Inc. (PRA) where she is responsible for developing, conducting, and disseminating research broadly focused on the criminal legal system. Her current projects are related to court processes, bail reform, jail-based assessments, and the behavioral health outcomes of people involved with the criminal legal system. Samantha has a Master's in Clinical Psychology from Cleveland State University and, in summer 2020, she received her PhD in Psychology from North Carolina State University. During her time as a graduate student Samantha served on the IAFMHS student board as the treasurer/fundraising coordinator and she is excited to be involved with the organization again as the Editorial Assistant for the newsletter.



Samantha Zottola

CALL FOR INTERNATIONAL HIGHLIGHTS

The newsletter is currently looking to publish content related to the organization of forensic mental health services in various countries. If you are interested in submitting a piece, please contact the Editor at sarah.coupland@sfu.ca.



STUDENT SECTION

Welcome from the 2021-2022 Student Board

Israa Altwaijiri – Swinburne University of Technology, AUS | IAFMHS Student Board President

The year 2021 is slowly coming to an end and we are excitedly preparing for the upcoming term! As we reflect upon the ongoing COVID-19 challenges of the past year, we would like to give a heartfelt thanks to our past student board members for their relentless commitment and dedication to making the best out of yet another unconventional term. We would like to express our admiration for the innovation and creativity demonstrated by 2020-2021 student board while tackling IAFMHS's first ever virtual conference, as well as the board's many accomplishments: the introduction of a webinar series for student members, the anniversary spotlight series published in the IAFMHS newsletter, the launch of the IAFMHS anniversary fundraiser, and the distribution of 750 CAD in student presentation awards. The new student board is ready to continue the hard work and committed to making the upcoming year a rewarding experience for our student members (hopefully with in-person events). Without further ado, I am pleased to introduce to you the new 2021-2022 student board:

IAFMHS STUDENT BOARD 2021-2022							
President	President Elect	Secretary	Treasurer & Fundraising	Country Rep & Volunteer Coordinator	Communications Officer	Content Developer	Past President
							
Israa Altwaijiri	Lillian Bopp	Lindsay Healey	Liz Jensen	Kenny Gonzalez	Aidan Collins	Lara Jasmin Schwarz	Sarah Schaaf
							
Swinburne University of Technology, AUS	University of Nebraska-Lincoln, USA	Carleton University, Canada	Arizona State University, USA	Montclair State University, USA	Fordham University, USA	Maastricht University, The Netherlands	Farleigh Dickinson University, USA

The new student board remains very international and diverse, with members being located in five different countries. As an international group, we remain eager to integrate our diverse experience and knowledge to foster student-led research, offer leadership opportunities and provide resources for our membership across the globe. Please review our current student opportunities and get involved!

- We are currently recruiting...
 - **Campus representatives** who will disseminate emails and opportunities to local students in their institutions. [Campus representatives](#) are important allies in raising awareness of our organization and recruitment of new members.
 - **Peer mentors** (i.e., senior grad students and early career professionals) and **mentees** (i.e., undergrad and grad students) for our [Peer Mentorship Program](#).
- Visit us on our [website](#) and social media profiles ([Twitter](#); [Facebook](#); [LinkedIn](#); [Instagram](#)) for student resources and helpful tools to enrich your education and professional development.
- Stay connected and reach out to us with suggestions on how we can improve your experience as an IAFMHS student member. Your feedback is important to us! (students@iafmhs.org).

On behalf of the student board: Thank you for your trust! We look forward to creating new opportunities and making the most of the new year. Stay tuned for further announcements through email and social media.

Cheers to a fulfilling year!

Israa Altwaijiri, IAFMHS Student President

Navigating uncertainty: Starting a career in a pandemic

C. Adam Coffey, Ph.D., Lithia Forensics and Consulting, USA

I would like to thank everyone who sent emails in response to my call for topics in the Summer issue. There were several topics that were suggested by multiple people, so the future of the ECP corner appears bright. This quarter, several people wrote in with comments regarding how COVID-19 changed the job market and/or one's professional responsibilities in both anticipated and unanticipated ways. Several people who work in academic positions discussed challenges related to online teaching or navigating various institutional policies in order to conduct research. A psychologist working a public sector position noted that her institution was unable to hire as many psychologists as were needed due to budgetary restrictions and the more pressing need of hiring additional nursing staff. A mental health clinician who works primarily as a contractor and provides sex offense-specific treatment in jails expressed he was unable to hold groups for over nine months, which resulted in compromises to patient progress and considerable financial strain for him. I must say, while I take no pleasure in hearing about the struggles fellow colleagues have faced, these emails filled me with an unexpected sense of relief. At a time where the world has felt completely isolated on occasion, reading these messages left me feeling understood and reassured by the fact that we are all navigating personal and professional obstacles together.

Like several respondents, when I was applying for professional positions amidst the second wave of the COVID-19 pandemic in late 2020, the job market looked much different than I thought it would when I first began charting a career path during graduate school. I was thrilled to be hired as a staff psychologist at a hospital that I was well familiar with since I had also completed my predoctoral internship and postdoctoral fellowship there. I naively entered the position with only modest appreciation for how challenging the transition from trainee to staff psychologist would be during a pandemic. Within one week of starting the job, 70 of the 100 patients on my unit had tested positive for COVID-19, the unit was on full lockdown in an effort to stop the spread to other units at the hospital, and several senior staff members had resigned. With so much going on, I think

it's safe to say that nobody on my unit was concerned by how well I had learned mental health case law in the preceding two years, and my ability to write a good forensic report was nice but not what was needed.

It was certainly difficult to adjust my expectations and take on responsibilities I had not considered in the first few months on the job. At the risk of sounding clichéd, one simple strategy that helped ease this transition was remembering that I entered into this field to use psychology to help those in need. Some days, that was my patients who worried about how COVID-19 might impact their release status or whether they would have longstanding problems if they contracted the virus. Other days, it was members of nursing staff or psychiatric technicians who were burnt out from working mandatory overtime. And on other days, the person who seemed to need the most help was me. Regardless of the situation, the approach I found most helpful was to adopt a compassionate mindset and a willingness to do whatever I was capable of to be helpful in that moment. Sometimes that consisted of me providing patients with instruction on how to properly wear a mask or addressing their anxieties about the COVID-19 vaccine. I also often found myself offering a listening ear to staff members who, in addition to caring for patients, had concerns about their own safety and the safety of their loved ones. Perhaps most helpful for my own professional development, I learned it is necessary and fully acceptable to seek help from others on days where I needed a break or felt overwhelmed by the demands.

The pandemic is far from over and, inevitably, we will continue to face both new and familiar challenges in the months ahead. What challenges have you faced recently and how have you handled them? Keep those emails coming!

If you are an early career professional of any discipline and have a thought-provoking editorial or interest piece, please contact Adam Coffey at coffey@lithiaforensics.com.

