

THE STATE HOSPITALS BOARD FOR SCOTLAND

**ANNUAL REPORT**

***Research Committee and Research Funding Committee***

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## 1 Core Purpose of Committee

Within the NHS, it has been shown that research not only furthers knowledge but improves staff morale, recruitment and retention, and patient care. Research is therefore core to the business of The State Hospital and to our pursuit of evidence based practice. The skills obtained by those engaged in research are directly transferable to other areas of health care such as service planning, teaching and management. The State Hospital has shown a considerable commitment to research and has a proven track record.

The research committee aims to support the use of data and research evidence as part of an evidence based culture aimed at improving both patient care and the patient experience of care, though a focus on continuously improving practice. The ongoing development of an evidence based culture will be achieved through a focus on training, developing staff competencies in transferable research skills and increasing research capacity.

## 2 Current Resource Commitment

<b>Allocation per Financial plan</b>	<b>2022/23</b>	<b>2023/24</b>
<b>Recurring Funding</b>	<b>95,000</b>	<b>95,000</b>

<b>Research Grants Committed</b>	<b>2022/23</b>	<b>2023/24</b>
TRACE Study	<b>5,141.00</b>	<b>5,141.00</b>
Research Fellow Post	<b>50,468.02</b>	<b>53,073.99</b>
Research Assistant Post	<b>17,096.77</b>	<b>17,096.77</b>
Progression Through Services Study	<b>25,644.33</b>	
Clinical Model Evaluation		<b>32,573.16</b>
<b>TOTAL</b>	<b>98,350</b>	<b>107,874.92</b>

<b>Funds remaining to be allocated</b>	<b>-3,350</b>	<b>-12,125.08</b>
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<b>Research Grants Spent - to date</b>	<b>2022/23</b>
TRACE Study	<b>4,412</b>
Research Fellow Post*	<b>43,893.39</b>
Research Assistant Post*	<b>20,516.03</b>
Progression Through Services Study*	<b>25,644.33</b>
<b>TOTAL</b>	<b>94,465.75</b>

<b>Funds available less spend: Under / (over spend)</b>	<b>-534.25</b>
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\*It should be noted that majority of spend on these studies and roles is based on accrual due to ongoing problems with the University of Edinburgh finance system and overdue invoices.

## 3 Summary of Core Activity for the last 12 months (01/04/2022 – 31/03/2023)

### 3.1 Forensic Network Research Special Interest Group Conference 2022

The Forensic Network Research Special Interest group (FNRSIG) held our Ninth national Forensic Network Research Conference on the 3<sup>rd</sup> of November 2022. As was the case in 2021 the conference was provided using a remote online format through MS Teams.

The day was chaired by Dr Daniel Bennett, current chair of the FNRSIG, and featured keynote presentations from **Dr Jennifer Shields** - Lecturer in FASD, University of Edinburgh; Consultant Clinical Psychologist - CAMHS NHS Western Isles; on "**Foetal Alcohol Spectrum Disorder**

**(FASD): Context, Prevalence & Considerations for Forensic Services in Scotland"** and **Professor Stephen Lawrie**, Chair of Psychiatry and Neuro-Imaging - University of Edinburgh: on **"What do we know about Schizophrenia for sure?"**.

This national conference included significant contribution from State Hospital staff displaying work conducted within the hospital including:

Staff perception of change following the introduction of an education programme; New to Forensic – Essentials of Psychological Care (N2F-EoPC). **Dr Helen Walker**

Triple Jeopardy: a learning partnership to enhance care for people who are ageing, with mental disorders and dementia, in high secure settings. **Laura McCafferty**

Understanding the mental health needs of Scotland’s prison population: A health needs analysis. Dr **Lindsey Gilling McIntosh**

An exploration of the management of significant violence and aggression in high and medium secure forensic psychiatric hospitals in Scotland and Northern Ireland. **Rebecca Carr**

How to ‘Get On and Get Out’: High secure patients peer support plan for recovery. **Cheryl Rees**

What stands in the way of attending multidisciplinary reflective practice groups at The State Hospital? A service evaluation. **Veronika Zouharova**. *This presentation won the conference prize for best poster presentation.*

Public perceptions of the risk posed by violent mentally disordered offenders released into the community. **Morven Porter**

The barriers to, and facilitators of, mentally disordered offenders’ reintegration into the community: A systematic review and meta-aggregation of qualitative data. **Morven Porter**

The conference received excellent feedback from delegates in relation to both content and the online format that made the conference possible. The 2023 FNRSIG Research Conference is scheduled to take place on the 2<sup>nd</sup> of November 2023.

### 3.2 Priority Research Themes

This section provides details of the priority areas for research identified within the Research Portfolio Workshop, which took place on the 29<sup>th</sup> of April 2021. The priority areas for research as identified below will feed into the process of developing a new updated Research Strategy for 2023-2026. The development of the updated Research Strategy has been delayed due to the reduced capacity of the R&D Manager given the additional role of HEPMA Project Manager that he has been undertaking within the Hospital. This additional role is almost complete and the development of an updated Strategy will be a key aim of 2023/24.

**Table 3.1: Priority Research Themes**

<b>Priority Research Themes as identified in Research Portfolio Workshop 2021</b>
Staff Wellbeing
Intellectual Disability
Neuro Developmental Disorder
Impact of Research on Clinical Practice
Links to Realistic Medicine
Impact of Covid-19 on service provision and patient and staff wellbeing
CAMHS

### 3.3 Research into Practice.

The Research Committee are committed to ensuring that research and evaluation have a positive impact on clinical and non-clinical practice, and support the improvement of services and the experience of those who utilise those services. In August 2021, a full time Research Fellow post was approved by the research committee to support the aims of the Research Committee. The ongoing work of the Research Fellow is highlighted below.

#### **Postdoctoral Research Fellowship in Forensic Psychiatry**

The 2020 TSH Research Portfolio Review set out plans to support the development of a high-quality national research programme in forensic mental health. This programme would include undertaking research and analysis on the Scottish forensic mental health population, an examination of pathways of care through forensic services, and exploration of patient and service-level outcomes. A number of actions were set out to achieve this new vision. To assist in progressing these actions, the State Hospital Research Committee committed to funding a four-year postdoctoral research fellowship hosted at the University of Edinburgh.

The purpose of this role is to:

1. Lead research across four primary workstreams: existing national datasets, routine patient outcome monitoring, mapping service pathways, and evidence-based practice and clinical decision-making.
2. Support the development of additional forensic mental health research capacity in forensic mental health by securing external competitive funding, and by developing opportunities for student research projects across various postgraduate programmes.
3. Strengthen interdisciplinary academic research links between State Hospital and Forensic Network researchers and clinician-researchers to researchers within the University of Edinburgh (including clinical psychology, law) and other higher education institutions both in the United Kingdom and internationally.

In August 2021, Dr Lindsey Gilling McIntosh was appointed to this role following her completion of a PhD in Psychiatry funded by Forensic Network and the State Hospital. Dr Gilling McIntosh is a member of the State Hospital Research Committee and provides regular reports to the Research Committee on how progress in the role contributes to the objectives of the State Hospital Research Portfolio as well as wider research and evaluation aims. In 2022/2023 the following accomplishments have been achieved through this postdoctoral research fellowship role:

- Completion of a national health and health care needs analysis of mental health services in Scotland's prisons on behalf of Scottish Government. This externally commissioned study led to the development of 18-evidence-based recommendations, which have been accepted and endorsed by the Scottish Government. In September 2022 the study final report was published by Scottish Government. A subsequent academic paper on this work has been published, written for an international academic forensic psychiatry readership.
- Development of proposal for a three-year programme of mixed method research into clinical decision-making among forensic mental health practitioners. A funding application has been submitted to the Chief Scientist Office and future funding applications will be made to other funding agencies as required.
- Strengthening of academic research links to the emerging interdisciplinary Edinburgh Mental Health Network through membership on the Network's steering committee, as well as with the International Association of Forensic Mental Health Service by service on the conference scientific committee and IAFMHS newsletter editorial team.

Contribution to postgraduate teaching for clinical psychology practitioners, including the delivery of teaching on the forensic module for second and third year Doctorate in Clinical Psychology trainees, and on psychological science and research methods in the MSc Psychology of Mental Health (Conversion), which is a popular academic route to the Doctorate in Clinical Psychology degree.

One specific example of research findings being used to support improvements in practice comes from the study: **“Forensic mental health nurses experience on the use of seclusion; implications for use and elimination in clinical practice.”**. The study has recently been completed and the final report provided details of both short and long term implications for practice from the study findings, and a range of solutions to support these changes being made in practice.

**Forensic mental health nurses experience on the use of seclusion; implications for use and elimination in clinical practice: Evidence into Practice**

**Short Term**

- **Transparency and governance in the management of violence and aggression**  
Consider the introduction of a Restricted Practice Oversight Group. Membership should include clinical management staff that are separate of direct care teams. The main focus is to have a critical understanding of a whole site perspective of the strategies used in management of violence and aggression, to be an independent source of support to clinical teams to explore evidenced based and positive risk taking measures to reduce the need of restrictive practices.
- **Promote consistency in practice**  
Consider a Forensic Network agreed standardised Management of Violence and Aggression policies that are consistent in language and practice that are in line with guidance and legislation.
- **Improve methods of reporting**  
Consider a Forensic Network reporting system detailing the prevalence of restrictive practices i.e., seclusion, mechanical and physical restraint within secure hospitals in Scotland. Thus, providing a platform to highlight areas of good practise and support clinical areas that require more preventative work, as well as allowing for international comparisons. This could be developed through existing platforms such as Lead Nurse Forum, with a central database held within the Forensic Network.

**Longer Term**

- **Mandatory training**  
Consider developing existing Prevention and Management of Violence and Aggression training to encompass Relational Skills training on how to manage complex relationships, this could help improve patient and carer communication and professional relationships, ultimately reducing the need for restrictive practices and improved patient and carer experiences.
- **Support staff Learning and Development**  
Consider developing the inclusion of incident debrief to include patients, carers and witnesses of violent and aggressive incidents, this could help to understand the psychological trauma in a population where prevalence is already high.

**4. Performance against Key Performance Indicators**

Number of study proposal reviews:	17 (6 new studies)
Number of study progress reports:	16
Number of study final reports:	9
Number of studies approved:	6
Number of peer reviewed publications:	11
Number of ongoing studies:	14

The figures given above comprise the key performance indicators as required within the Clinical Governance annual report. These indicators give an indication of the level of research activity monitored by the Research Committee, but are not measured against any specific target.

Appendix 1 provides further details on the range of studies completed and the way in which the TSH research activity has been disseminated on a local, national and international basis.

**Table 4.1: Annual KPI Performance**

KPI	2021/22	2022/23
Number of study proposal reviews	12	17
Number of study progress reports	10	16
Number of studies approved	8	6
Number of peer reviewed publications (Total number of publications)	12 (14)	11 (14)

**Table 4.2: Research by Professional group 2022/23\*.**

Profession	Completed studies	Ongoing Studies	Total
Psychiatry	4	5	9
Psychology	4	3	7
Nursing	1	5	6
SW	0	0	0
AHP	0	1	1
Other	2	3	5

*\*Figures are affected by the Multi-disciplinary nature of some study teams.*

## 5. Quality Assurance Activity

The Research Committee undertakes a series of Quality Assurance activities for every Research Study or Service Evaluation to be undertaken within the hospital. This starts with the in depth review that every proposed study undergoes prior to approval. Advice can be sought from the Committee via an outline proposal if preferred prior to commencing the full process. Study leads must submit a full study proposal using the template provided, and this proposal is reviewed using a standardised process by 2 member of the Research Committee. This review is discussed within the Research Committee and the study lead is then asked to address areas where further information, clarification or amendment are required, prior to resubmitting an amended proposal. Only once the research committee are satisfied that the study proposal represents a coherent piece of work, that is achievable given either the data availability or that proposed participant recruitment targets are possible, will the study receive research committee approval. A TSH supervisor must be in place.

Prior to the study being given the go ahead, the Associate Medical Director is asked to sign off Management Approval for the study to commence, based on the presence of Research Committee approval, a signed off DPIA, and evidence of NHS REC review where appropriate. Once a study is ongoing the research committee maintains a degree of QA through the requirement for all studies to provide 6 monthly updates on progress against the studies proposed timeframe, and then conducts a further standardised review of all study final reports, prior to agreeing dissemination of study findings to relevant groups within the hospital.

## 6. Quality Improvement Activity: Embedding of Research Assistant role

Since early 2022 the State Hospital Research committee has used some of its budget to fund the provision of a 0.4 wte non-study specific research assistant. This role was initially introduced given the majority of researchers within the organisation do not have dedicated research time and studies are conducted on top of busy clinical or non-clinical roles. Having a Research Assistant who is not tied down to any one specific study has allowed the RA to support a number of different studies. To date this position has been provided through the University of Edinburgh

and funded by the research committee, but work is ongoing to develop this as a State Hospital role.

## **7. Stakeholder Experience**

The Research Committee is committed to the development and delivery of studies focused on the patient perspective of the programmes and initiatives that they are asked to participate in. The feedback that is received from patients is extremely valuable in informing the ongoing development of treatment programmes and other initiatives designed to support patients.

Involving Forensic in-patients in all aspects of research has traditionally been seen as a difficult thing to do. However the importance and value of including patients at every possible stage, and taking an inclusive co-productive approach is now well documented, and this approach is entirely supported by the Research Committee. The Patient Partnership Group provides an important role in these discussions.

The range of studies currently seeking patient perspective and experience include:

### **Can physiological monitoring identify imminent violence in mentally ill offenders?**

This study using wristbands to monitor physiological data from patients to support the development of algorithms which may in future support clinical staff in the identification of imminent violence has been positively received. Patients understand the aims of the study and have to date been positive about participation.

### **How is Therapeutic Alliance Developed in the context of individual psychotherapy in a high secure hospital? Patients' and Therapists' perspectives.**

This study employs patient interviews with the aim of establishing how therapeutic alliance (the collaborative relationship between patients and therapists that supports therapeutic work) develops in individual psychotherapy sessions in a high-secure hospital.

### **Recovery and risk: an Interpretative Phenomenological Analysis of staff and patient experiences in a high secure forensic intellectual disability service.**

This research aims to explore the experiences and understanding of patients residing within the I.D. service in the State Hospital (TSH), as well as the experiences and understanding of professional staff working alongside them. The results of this study will add to the limited research available examining the experiences of individuals with I.D. residing in forensic settings and set pointers for future research regarding recovery within the population being explored, and aid potential service development.

### **Evaluation of the implementation and utility of the new State Hospital Clinical Model.**

The development and implementation of the new clinical model across the hospital is the largest single piece of work being undertaken within the organisation. Subsequently it is crucial that a rigorous evaluation of these considerable changes has been designed and put in place to run for 3 years. The study will evaluate both the changes and the stakeholder perspective of the impact of these changes, over a sufficient period of time to allow changes to bed in, and the full impact of these changes to all stakeholders to become clear. The study will utilise semi-structured interviews with patients linked to a participatory action research model, as was very successfully conducted as part of the previous study Recovery Research into Action.



## **8. Planned Quality Assurance/Quality Improvement for the next year**

### **Research Strategy Update**

As noted under section 3.2, the development of an updated State Hospital Research Strategy has been delayed due to the capacity of the Research and Development Manager. This will form a key component of the Research Committee QI activity over 2023/24. The development of the strategy, which will reflect both the priority areas for research as identified by the State Hospital research portfolio review and the implications of the outcomes of the Scottish Government review of the Barron report recommendations, will be a key quality improvement activity for the work of the research committee. The review of the previous strategies workplan against the recorded activity which has taken place over the life of the strategy; will provide an opportunity for the revised strategy to identify and mitigate against any barriers to research activity or the implementation of research findings into practice.

### **9. Next review date: 11<sup>th</sup> May 2024**

## **Appendix 1: Governance Arrangement for Committee**

### **1 Committee Membership**

#### **Research Committee**

##### **Membership:**

Professor Lindsay Thomson	Chair, Medical Director and Professor of Forensic Psychiatry, University of Edinburgh
Mrs Josie Clarke	Lead Professional Nurse Advisor
Mrs Monique Crothall	Lead Occupational Therapist
Mr Hamish Fulford	Consultant Nurse, State Hospital and Forensic Network
Ms Rebecca Hart	Librarian, The State Hospital (Up to Jan 2023)
Dr Sheila Howitt	Consultant Forensic Psychiatrist
Mrs Karen Mowbray	Health Records Manager
Dr Suzanne O'Rourke	Consultant Forensic Clinical Neuropsychologist, Lecturer in Forensic Clinical Psychology, University of Edinburgh
Mr Jamie Pitcairn	Research and Development Manager
Ms Anine Summarby	Occupational Therapist
Ms Lindsay Tulloch	Clinical Research Nurse, Lead Nurse
Dr Helen Walker	Consultant Nurse, Forensic Network; Senior Lecturer, University of the West of Scotland (UWS)
Ms Jacqueline McDade	Committee Secretary

### **2 Role of the Committee**

#### **Research Committee**

The role of the Research Committee is to support, encourage and promote research, and to ensure the quality and dissemination of research projects associated with the State Hospital. It seeks to ensure that the Board can have confidence in the quality of research with high scientific and ethical standards, with transparent decision making, and clear monitoring arrangements. The committee also plays a key role in the statutory Research Governance responsibilities of The State Hospitals Board for Scotland, and conducts this role in line with the Research Governance framework of the Chief Scientist Office. The Research Committee also manages the Research Budget, with monthly review of the budget, commitments and funds remaining to be allocated within the current financial year.

The members of this committee also provide a resource for staff undertaking research by providing support, advice and education on research matters. Additionally the committee can assist the hospital through the appraisal and development of evidence or research findings generated through research external to TSH, and promote the practise of evidence based medicine.

### **3 Aims and objectives**

The aims and objectives of the Research Committee, as outlined below mirror those within The State Hospital Research Strategy 2016-2021. The aims and progress made against them will be reviewed as part of developing the new updated Research Strategy.

1. Support the use of data and research evidence as part of an evidence based culture aimed at improving both patient care and the patient experience of care, though a focus on continuously improving practice.

2. Place the research conducted in TSH within the context of the national strategic approach to research in health and the governance required as part of this process.
3. Identify research needs and priorities; and to commission research accordingly.
4. Improve research infrastructure, capacity and management systems.
5. Support evidence based culture through focus on training, developing staff competencies in transferable research skills and increasing research capacity.

#### 4 Meeting frequency and dates met

The research committee meets monthly on the first Thursday of every month (except January). It considers new research proposals, timetabled project reviews, final report reviews and any other research related issues. A series of forms have been developed for the initial research proposal, full research proposal and proposal and final report reviews. All ongoing research projects are reviewed six-monthly and a standardised progress report form is completed. The Research Funding Committee convenes on an ad hoc basis as and when required to review a research related funding request that has been supported by the Research Committee.

#### 5 Research Committee Strategy and Work plan

The current State Hospital Research Strategy covers the period 2016-2021. Work will commence alongside the Research Portfolio review to develop a new updated Research Strategy 2023-2026 for the hospital.

The research committee work plan provides a month by month outline of the priority items of work throughout the year, and shows how actions related to these are structured to meet the deadlines associated with each. The work plan is included below.

Month	Activity
January	No committee meeting
February	Research Committee
March	Research Committee
	Call for all Research Activity to be recorded within Research Committee annual report
April	Research Committee
	Completion of RC Annual Report
May	Research Committee
	Presentation of Research Committee Annual report to the Clinical Governance Committee.
June	Research Committee
July	Research Committee
August	Research Committee
September	Research Committee
	Specific focus on the prioritisation of the uncommitted funds remaining within the Research budget for following financial period.
October	Research Committee

	Research Committee review of all Open Access Journal article submissions for funding, and decision on successful candidate
<b>November</b>	Research Committee
	Forensic Network Research Conference
<b>December</b>	Research Committee
	Specific focus on the end of financial year budgetary management.

## Appendix 2: Research Activity

### 1. Completed Studies

**Jake Easto** Exploring the social contagion effect of violence and aggression.

**Barry Hill.** Embedding Data in Routine Practice. ScIL QI Programme Thesis

**Sophie Jolly** Language in Scottish Forensic Mental Health

**Dr Lindsey Gilling McIntosh, Cheryl Rees, Caroline Kelly, Dr Sheila Howitt and Professor Lindsay Thomson.** Prison Mental Health Needs Assessment – tender for Scottish Government Health and Social Care.

**Cheryl Rees and Professor Lindsay Thomson.** Recovery Research into Action

**Dr Helen Walker, Lindsay Tulloch, Rebecca Carr** “An exploration of the management of significant violence and aggression in high and medium secure forensic psychiatric hospitals in Scotland and Northern Ireland”

**Veronika Zouharova, Dr Adam Polnay and Dr Louise Kennedy.** ‘What are the barriers to attending multidisciplinary reflective practice groups at The State Hospital?’

### 2. Journal Articles

**Gilling McIntosh, L., Rees, C., Kelly, C., Howitt, S. and Thomson, L.D.G. (2022)** Understanding the Mental Health Needs of Scotland’s Prison Population. Report for The Scottish Government Health and Social Care, Edinburgh.

**O’Rourke S** et al. (2023) Comparison of the accuracy of the 7-item HADS Depression subscale and 14-item total HADS for screening for major depression: A systematic review and individual participant data meta-analysis, In: Psychological assessment. 35, 2, p. 95-114 20 p.

Steel, C. M. S., Newman, E., **O’Rourke, S.** & Quayle, E (2023) Lawless space theory for online child sexual exploitation material offending., In: Aggression and Violent Behavior. 68, 101809.

Steel, C. M. S., Newman, E., **O’Rourke, S.** & Quayle, (2023) E Technical profiles of child sexual exploitation material offenders. (E-pub ahead of print) In: Psychiatry, Psychology and Law. p. 1-14 14 p.

Steel, C. M. S., Newman, E., **O’Rourke, S.** & Quayle, E (2022) Improving child sexual exploitation material investigations: Recommendations based on a review of recent research findings. (E-pub ahead of print) In: The Police Journal: Theory, Practice and Principles. 31 p.

Steel, C. M. S., Newman, E., **O'Rourke, S.** & Quayle, E (2023) Public perceptions of child pornography and child pornography consumers., In: Archives of sexual behavior. 51, 2, p. 1173-1185

Steel, C. M. S., Newman, E., **O'Rourke, S.** & Quayle, E (2023) Suicidal ideation in offenders convicted of child pornography offences. May 2022, In: Behavioral Sciences and the Law. 40, 3, p. 365-378 14 p.

Steel, C., Newman, E., **O'Rourke, S.** & Quayle, E (2022) Technical behaviours of child sexual exploitation material offenders. In: Journal of Digital Forensics, Security and Law. 17

Barnett, V., MacMahon, K., Allan, K., Quayle, E. & **O'Rourke, S.** (2022) "Without limit of time" Living as a restricted patient in Scotland: An interpretative phenomenological analysis. In: Journal of Theoretical and Philosophical Criminology. 14, p. 1-32 32 p.

Asherson, P, Johannson, L, Holland, R, Forrester, A, Gianulli, L, Ginsberg, Y, **Howitt, S,** Kretzschmar, I, Lawrie, S, Marsh, C, **Kelly, C,** Mansfield, M, **McCafferty, C,** Khan, K, Muller-Sedwick, U, Strang, J, Williamson, G, Wilson, L, Young, S, Landau, S and **Thomson, L.D.G.** (in press) Randomised controlled trial of the short-term effects of OROS-methylphenidate on ADHD symptoms and behavioural outcomes in young male prisoners with attention deficit hyperactivity disorder (CIAO-II). *British Journal of Psychiatry*  
It is available to download on the website: <https://www.journalslibrary.nihr.ac.uk/eme/thei8200/>.

**Thomson, L.D.G.** (in press) Community Forensic Psychiatry including Liaison with Health, Criminal Justice and Public Protection Agencies. In Seminars in Forensic Psychiatry, Chapter 8. Editors: Kennedy H. and Davoren, M. Pubs: Royal College of Psychiatrists.

**Thomson LDG and Rees C (2023)** The recovery approach for patients within a high secure setting: a 20 year follow up. *Frontiers* 2022-0812088-2

**TSH Patients, Rees C and Thomson LDG (2022)** Get on and get out: an easy guide to getting on and moving on from the State Hospital

**Tulloch, L., Walker, H., & Ion, R. (2022).** "It's the last resort" forensic mental health nurses experience on the use of seclusion; implications for use and elimination in clinical practice. *The Journal of Forensic Psychiatry & Psychology*, 1-18.  
<https://doi.org/10.1080/14789949.2022.2122857>

### 3. Presentations

3<sup>rd</sup> March 2022 **Thomson LDG.** Independent Review into Delivery of Forensic Mental Health Services Symposium – a View from the Scottish Forensic Network  
Royal College of Psychiatrists Forensic Faculty Conference

18 May 2022 – **Thomson LDG.** Forensic Psychiatry Research Society, University of Oxford – randomized control trial of the short term effects of OROS-Methylphenidate on ADHD symptoms and behavioural outcomes in young male offenders with attention deficit hyper activity disorder (CHIAOII) –presentation

20 May 2022 – (**Thomson, LDG, Rees, C and Gilling McIntosh, L.**) - High Security Research workshop: Recovery in Forensic Mental Health Services: Issues in operationalization and measurement. Symposium

15 June 2022 – **Thomson LDG** Unexpected Events and Unexpected Opportunities The Development of Forensic Mental Health Services - International Association of Forensic Mental Health Services, Berlin

15 June 2022 – **Thomson LDG** - Covid-19: Response and Learning in Forensic Mental Health Services. International Association of Forensic Mental Health Services, Berlin

16 June 2022 – **Thomson, LDG, Rees, C and Gilling McIntosh, L.** - Recovery in Forensic Mental Health Services: Issues in operationalization and measurement. Symposium International Association of Forensic Mental Health Services, Berlin.

1<sup>st</sup> October 2022. **Dr Helen Walker and Lindsay Tulloch.** Forensic mental health nurses experience on the use of seclusion; implications for use and elimination in clinical practice Lead Nurse Conference.

3 November 2022 – **Gilling McIntosh L, Rees C, Kelly C, Howitt S, and Thomson LDG.** Understanding the mental health needs of Scotland's prison population: a health needs analysis — symposium Forensic Network Research Special Interest Group Conference

3<sup>rd</sup> December 2022 **Dr Helen Walker and Lindsay Tulloch.** Forensic mental health nurses experience on the use of seclusion; implications for use and elimination in clinical practice. Forensic Network Special Research Interest Group Conference.

3<sup>rd</sup> December 2022 **Veronika Zouharova.** 'What are the barriers to attending multidisciplinary reflective practice groups at The State Hospital?' Forensic Network Research Special Interest Group Annual Conference 2022. This won best Poster presentation at the 2022 FN Research Conference.

6 December 2022 – **Thomson LDG.** Royal Society of Edinburgh Senior Fellows – Psychiatry and the Law

16 December 2022 – **Thomson LDG.** Randomized control trial of the short term effects of OROS-Methylphenidate on ADHD symptoms and behavioural outcomes in young male offenders with attention deficit hyper activity disorder (CHIAOII) - Royal College of Psychiatrists Quality Improvement Conference re Prison Mental Health Service.

1-3 March 2023. Dr Jennifer Shields & **Dr Suzanne O'Rourke,** Foetal alcohol spectrum disorders (FASD): Context, Contributors and Considerations for Forensic Services, Faculty of Forensic Psychiatry, Annual Conference 2023,

9-10 March 2023 – **Thomson LDG** - Female Forensic inpatients – identifying and meeting their needs. Fourth European Conference on Women's Mental Health – Psychosis, Barcelona

#### **4. Ongoing Research Studies**

**Patricia Coia.** Staff experience from a clinical student to newly qualified practitioner in a high secure forensic mental health service and any impact of CV-19 educational arrangements on final year preparation for practice.

**Monique Crothall.** An Exploration of the Barriers and Facilitators of Engagement in Physical Activity for Patients within a High Secure Forensic Setting (a quantitative study).

**Frances Graham** PD Diagnosis Study

**Kirsty Haig.** Recovery and risk: an Interpretative Phenomenological Analysis of staff and patient experiences in a high secure forensic intellectual disability service.

**Laura McCafferty.** An evaluation of the impact of an educational programme on dementia care in secure settings.

**Dr Suzanne O'Rourke.** Can physiological monitoring identify imminent violence in mentally ill offenders

**Dr Suzanne O'Rourke, Donal Campbell.** Trajectories of forensic treatment response.

**Professor Lindsay Thomson, Jamie Pitcairn.** Understanding Needs, Securing Public Safety: The Forensic Network Census and Database – annual

**Professor Lindsay Thomson, Daniel Bennett.** Outcomes of Appeals Against Excessive Security in High and Medium Security

**Professor Lindsay Thomson, Cheryl Rees.** Progression through services: data linkage and analysis of transitions and overall pathway of the 2013 Scottish forensic inpatient population

**Professor Lindsay Thomson, Cheryl Rees, Dr Sheila Howitt, Dr Lindsey McIntosh, Sheila Smith, Monica Merson.** Evaluation of the implementation and utility of the new State Hospital Clinical Model.

**Professor Lindsay Thomson, Dr Helen Walker, Rhoda MacRae, Dr Tom Russ, James Taylor.** Improving the health and well-being of people with dementia and cognitive frailty in prison

**Dr Helen Walker.** Staff perception of change following the introduction of an education programme; New to Forensic – Essentials of Psychological Care

**Dr Helen Walker, Dr Adam Polnay.** Examining the effectiveness of Reflective Practice Groups using The Relational Aspect of CarE scale (TRACE).

**Helen Walker, Hamish Fulford, Rebecca Carr, Lindsay Thomson, Jamie Pitcairn**  
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