

THE STATE HOSPITALS BOARD FOR SCOTLAND
ANNUAL REPORT
Research Committee

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1 CORE PURPOSE OF COMMITTEE

The State Hospital's Research Committee serves to encourage research and development, and to provide an advisory and approval process for all research activity proposed within the hospital. The Committee reviews a wide range of research proposals ranging from complex primary research to ongoing service evaluation, and proposals can come from sources both internal and external to the hospital. The Committee provides the governance for the Research and Development approval process necessary for all studies to be granted State Hospital Management approval to proceed.

The Research Committee also aims to support the generation and implementation of the research evidence needed to promote the development of an evidence-based culture focused on improving both patient care and the patient experience of care. The ongoing development of an evidence-based culture is also supported through a focus on training, developing staff competencies in transferable research skills and increasing research capacity.

2 CURRENT RESOURCE COMMITMENT

2024/25

Allocation per Financial plan	2024/25
Recurring Funding	95,000
Research Grants Committed	2024/25
TRACE Study	460.00
Research Fellow Post	55,814.15
Research Assistant Post	22,537.04
Clinical Model Evaluation	35,575.54
TOTAL	114,386.73
Funds remaining to be allocated	-19,386.73

2025/26

Allocation per Financial plan	2025/26
Recurring Funding	95,000
Research Grants Committed	2025/26
TRACE Study	0
Research Fellow Post	0
Research Assistant Post	23,212.00
Clinical Model Evaluation	37,277.13
TOTAL	60489.13
Funds remaining to be allocated	34,510.87

Research Grants Spent - to date

Research	Expenditure
TRACE Study	460.00
Research Fellow Post*	55,814.15
Research Assistant Post*	22,537.04
Clinical Model Evaluation*	35,575.54
TOTAL	113,926.73
Funds available less spend: Under / (over spend)	-19,386.73

*It should be noted that details for 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 YEAR (01/04/2024 – 31/03/2025)

3.1 Forensic Network Research Special Interest Group Conference 2024

The Forensic Network Research Special Interest group (FNRSIG) held its tenth national Forensic Network Research Conference on Thursday, 7 November 2024. For the first time in five years the conference was held in an in-person format, taking place at the Stirling Court Hotel.

The day was chaired by Dr Daniel Bennett, current chair of the FNRSIG, and featured keynote presentations by Professor Liz Gilchrist, Professor of Psychological Therapies; University of Edinburgh on **Evidence based pathways into intimate partner abuse: extracting clinical meaning from research** and Professor Jill Stavert, Professor of Mental Health and Capacity Law; School of Health and Social Care, Edinburgh Napier University who spoke on the subject of **A separate forensic mental health system – discrimination or reasonable accommodation?: rights, risks and supports.**

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

Unplanned Outings at The State Hospital.	Dr Stuart Semple
Staff Perception of Reflective Practice Groups.	Dr Helen Walker
A mixed-methods study exploring mental health nurses' views and experiences of the risk assessment process and how the outcomes of risk assessment influence nursing practice within forensic mental health care.	Josie Clark
Involving forensic patients in their care planning: A scoping review of the literature.	Dr Lindsey Gilling
Female pathway through Scottish forensic mental health inpatient services.	Cheryl Rees
Investigating Trajectories of Treatment Response at a High-Secure Forensic Hospital.	Dr Dónal Campbell

The conference received excellent feedback from delegates in relation to both content and the return to an in-person format. The 2025 FNRSIG Research Conference is scheduled to take place on the Thursday, 30 October 2025, and will once again take place in the Stirling Court Hotel.

3.2 Research Strategy

One of the key aspects of Research Committee activity within 2024/25 has been the development of a new Research Strategy. The new State Hospital Research Strategy 2025-2029 has been developed and, subject to Clinical Governance Committee approval, will provide the framework for research within the hospital over the next five years. In order to ensure that the Strategy reflected an inclusive approach encompassing the needs of the range of staff and professional groups across the organisation, an engagement exercise was undertaken to inform its development. The engagement exercise supported staff groups to either provide direct feedback, or to participate in discussion with the Research and Development (R&D) Manager to provide information on:

- Perceived barriers to research.
- Changes that may better support research and those undertaking research.
- Priority areas for research focus over the life of the strategy.

The main issues highlighted are summarised below:

- The perceived complexity and time consuming nature of research study development and approval.
- Need to make research more accessible to new or inexperienced staff.
- The difficulty staff face in finding time within their roles to conduct research.
- The need for greater level of research visibility, with more communication about the research that is ongoing and more consistent dissemination of study findings.

The new strategy attempts to address this feedback through:

- Understanding of the time pressures experienced by those undertaking research and a focus on the provision of a streamlined and responsive research governance process.
- The expansion of research capacity and direct support for those undertaking research.
- A proactive approach to promoting research and opportunities to support research.

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 Research Fellow post came to an end of 31 March 2025, but the focus of the role towards the development of additional research capacity, strengthening academic links and the development of external funding applications are summarised below. The Research Committee has noted the benefits generated through the provision of the Research Fellow role and has formally given approval for this role to be maintained as a part of future dedicated research capacity.

Postdoctoral Research Fellowship in Forensic Psychiatry

In January 2021, the State Hospital Corporate Management Team (CMT) endorsed an SBAR which highlighted the need for the development of a high-quality national research programme in forensic mental health. The aim in commencing a national programme of research was to harness the findings to work to achieve 'clinical excellence' (Kennedy et al. Frontiers Psychiatry. 2019) in forensic mental health and to position Scotland as a world leader in forensic mental health care and research.

The outcome of these discussions was the State Hospital Research Committee commitment in June 2021 to funding a four-year postdoctoral research fellow post to progress this national research programme. Dr Lindsey Gilling was appointed to this role. The position was hosted by University of Edinburgh (UoE) and direct links with the State Hospital Research Committee were maintained.

Four research workstreams were identified from the outset for this role, described below:

- Generation of research outputs from the Forensic Network Service User Database (FNSD) and exploration of opportunities for data linkage with other national datasets.
- Evaluation of routine outcome monitoring tools used in the Forensic Network and support for the embedding of standardised tools into forensic mental health practice.
- Mapping service pathways through forensic mental health services.
- Supporting the implementation of evidence-based practice and clinical decision-making.

The research fellowship funding was also used to support additional academic and service activities.

- Strengthen multi-disciplinary academic research links between University of Edinburgh and other Scottish universities for the purpose of forming productive collaborations which could assist in securing external research funding.
- Support research collaborations with other UK forensic mental health services.
- Support the development of additional forensic mental health research capacity including for the purposes of succession planning, for example through the development of research student funding and additional research staff contracts.
- Contribute to ongoing efforts to promote research across the Forensic Network and engage practitioners in research and evaluation.

The Research Fellow post has made significant progress across all of the workstreams initially identified, provided support to a wide range of research studies, generated a significant number of research publications, and established valuable academic links with the University of Edinburgh, Glasgow Caledonian University and the International Association of Forensic Mental Health Services.

The work on large scale funding applications is also crucial to long term research planning and supporting the implementation of evidence-based practice. Work conducted to develop the project “Supporting forensic psychiatric patients’ involvement in the planning of their care: A mixed-methods intervention development study” has received very positive feedback and support from the Forensic Network Research Special Interest group (FNRSIG). This research aims to study the current practice across Scotland for involving forensic patients in the care planning process; and interview forensic patients, forensic practitioners and patient advocacy staff about the barriers, facilitators and likely impacts of involving forensic patients in the care and treatment planning process. Then, utilising an innovative participatory action approach, forensic patients, practitioners and researchers will bring their unique perspectives and expertise, and work together as equal partners to translate the findings into an evidence-based intervention framework to increase patient involvement in the care planning process. While initial application to the Chief Scientist Office was not successful, further work will be conducted in collaboration with Dr Gilling to identify alternative external funding sources to support this important proposed area of study.

The Research Committee has also continued to develop its final report template to provide a format best suited to the successful dissemination of research findings to support the implementation of evidence into practice. Study final reports are reviewed by the committee and then provided to the professional or steering group best placed to implement any recommendations for practice. Examples of study reports are noted below.

Registered practitioners’ perspectives on trauma-informed care within a high secure hospital Scotland; a qualitative study. Samantha Munoz.

This study employed a qualitative approach to explore registered practitioners' perspectives on trauma-informed care (TIC) within The State Hospital. This study provided valuable insights for enhancing trauma-informed practices within The State Hospital and potentially other high secure forensic settings. Recommendations include implementing mandatory tiered TIC training, revising care planning processes to incorporate trauma-informed principles, adopting a whole-systems approach, and enhancing staff support systems.

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. Dr Helen Walker, Dr Hamish Fulford, Patricia Coia.

This study explored the experiences of Newly Qualified Practitioners (NQPs) working in a high secure forensic mental health hospital. The study highlighted the multifaceted challenges faced by NQPs in high secure forensic settings, emphasising the importance of inclusive practices, operational stability, and tailored training. Addressing these areas were identified as mechanisms to improve job satisfaction, retention, and professional competence among NQPs.

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

Professor Lindsay Thomson, Cheryl Rees, Dr Sheila Howitt, Dr Lindsey Gilling, Sheila Smith, Monica Merson.

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 was designed and put in place to run for 3 years. The study is ongoing and aims to evaluate both the changes implemented and the stakeholder perspective of the impact of these changes. Interim findings of the study continue to be fed back to both the Corporate Management Team (CMT) and the Clinical Governance Committee (CGC). The study is due to be completed at the end of January 2026 after which full findings and recommendations for practice will be reported.

3.4 Embedding of Permanent 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 introduced to provide research support and capacity 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. This post was previously funded by the Research committee on a short-term contract basis through the University of Edinburgh.

However, during 2024 work was conducted to support the role being made a permanent State Hospital employed role. An SBAR was submitted to the Corporate Management Team requesting approval for the employment of a new permanent post still to be funded through the existing agreed Research budget. Approval was provided and the recruitment process undertaken with the post generating considerable interest and over 70 applicants for the 0.4 wte post. A successful applicant has been identified through interview and the post will move from University of Edinburgh to State Hospital employment on 1 August 2025.

4 PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS

Number of study proposal reviews:	15
Number of study progress reports:	19
Number of study final reports:	9
Number of studies approved:	6
Number of peer reviewed publications:	16
Number of presentations:	27
Number of ongoing studies:	13

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 State Hospital research activity has been disseminated on a local, national and international basis.

Table 4.1: Annual KPI Performance

KPI	2022/23	2023/24	2024/25
Number of study proposal reviews	17	14	15
Number of study progress reports	16	24	19
Number of studies approved	6	6	6
Number of peer reviewed publications (Total number of publications)	11 (14)	15 (16)	16 (17)

Table 4.2: Research by Professional group 2024/25*

Profession	Completed studies	Ongoing Studies	Total
Psychiatry	2	7	9
Psychology	4	6	10
Nursing	7	4	11
SW	0	0	0
AHP	1	0	0
Other	1	1	2

**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 two members 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 State Hospital 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 six-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: SERVICE EVALUATION

Service Evaluation is a crucial aspect of both Quality Assurance and Quality Improvement, and a key tool in identifying the efficacy and value of the interventions offered to patients. The Research Committee is required to review and approve all Service Evaluations as part of the R&D approval process and the completed and ongoing project lists in Appendix 2, shows the range of evaluations being conducted. Examples of the Service Evaluation studies include:

A service evaluation of the Making Healthy Changes low-intensity psychotherapy group.

This service evaluation project reviewed existing psychometric data for the Making Healthy Changes low-intensity psychotherapy group to establish whether the group is effective at meeting its core aims.

An examination of Exceptional Circumstances Admissions to The State Hospital.

This Service Evaluation will examine the use of exceptional circumstances admissions to the State Hospital. The study will evaluate the frequency, context, length, and discharge destination of these admissions since the inception of the Exceptional Circumstances pathway, and will also consider the impact of this practice on patient rights, care quality, and outcomes, particularly in relation to the provisions of the Mental Health Care and Treatment (Scotland) Act 2003.

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.

Patient Involvement in Participant Information Sheet Template Development

In November 2024 the Health Research Authority (HRA), who manage the NHS Research Ethics Committee service, introduced the requirements for all research studies to use a GDPR compliant template for the Participant Information Sheets (PIS) be used to provide information to potential study participants. On review of the template it was clear that the language used would not be accessible to all State Hospital patients and a piece of work was undertaken to involve patients in the design of a bespoke PIS that would be suitable for use with our patient group, while also meeting the GDPR requirements of the HRA template.

The Committee Research Assistant was key in leading on work to engage with individual patients to review draft PIS templates, and seek patient perspectives on the suitability of the language and the way that the information on how participant data will be used might make patients feel in relation to potential participation in a research study. This initial process generated a final draft template that was then more widely consulted on with patients through the Patient Partnership Group (PPG). An agreed final template is now in place, supported by a guidance document highlighting the need to review all completed PIS to ensure they meet a Flesch Readability score of 70+ (fairly easy) and/or Flesch-Kincaid score of 6.X (Basic to average reading) and below. We believe the bespoke PIS templates have been developed in a way that meets the HRA's 4 principles of meaningful involvement of patients in health and social care research, and we are grateful for the valuable contribution that our patients have made to this piece of work.

8 PLANNED QUALITY ASSURANCE / QUALITY IMPROVEMENT FOR THE NEXT YEAR

Research Strategy Implementation

As already noted a new State Hospital Research Strategy 2025-2029 has been developed and will provide the framework for research within the hospital over the next five years. To support the process of monitoring the impact of the strategy it contains a defined action plan outlining the specific pieces of work that will be taken forward to realise the intended positive change.

As outlined in the Research Committee work plan in Appendix 1, monitoring of the Research Strategy Action plan will be added as a standing agenda item for the February and July Research Committee meetings each year. This will provide a regular opportunity for the committee to monitor the progress being made, review the success of planned actions, and identify any new actions that may be required.

9 NEXT REVIEW DATE

August 2026

10 APPENDIX 1: GOVERNANCE ARRANGEMENT FOR COMMITTEE

10.1 Committee Membership

Research Committee

Membership:

Professor Lindsay Thomson	Chair, Medical Director and Professor of Forensic Psychiatry, University of Edinburgh
Mrs Josie Clarke	Associate Director of Nursing
Dr Lindsey Gilling	Research Fellow
Mrs Karen Mowbray	Health Records Manager
Dr Suzanne O'Rourke	Consultant Forensic Clinical Neuropsychologist, Lecturer in Forensic Clinical Psychology, University of Edinburgh
Ms Diane Mullen	Specialist Dietician – <i>joined the Committee in June 2024</i>
Mr Jamie Pitcairn	Research and Development Manager
Ms Cheryl Rees	Research Assistant
Ms Lindsay Tulloch	Clinical Research Nurse, Lead Nurse
Dr Helen Walker	Head of School, Forensic Network
Ms Jacqueline McDade	Committee Secretary

There were a number of changes to membership of the Committee throughout the year, with some members having to withdraw due to competing work commitments or having left the organisation. The above is the membership at the end of the 2024/25 period.

10.2 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 the State Hospital, and promote the practise of evidence-based medicine.

10.3 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.

- 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.
- To ensure that research conducted in the State Hospital reflects the national strategic approach to NHS research, and to provide the governance required to support this process.
- Identify research needs and priorities; and to commission research accordingly.

- Improve research infrastructure, capacity and management systems.
- Support increase in accessibility to research through focus on communication, training, developing staff competencies in transferable research skills and increasing research capacity.

10.4 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.

10.5 Research Committee Strategy and Work Plan

The new State Hospital Research Strategy covers the period 2025-2029. The strategy includes a detailed action plan and progress made towards the actions identified will be reviewed as a standing item on the Research Committee agenda on a six-monthly basis.

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 Six-monthly Review of Research Strategy action plan
March	Research Committee Call for all Research Activity conducted within the previous calendar year to be submitted for inclusion within Research Committee annual report
April	Research Committee
May	Research Committee FN Research Conference Call for Abstract
June	Research Committee Completion of RC Annual Report
July	Research Committee Six-monthly Review of Research Strategy action plan
August	Research Committee Presentation of Research Committee Annual report to the Clinical Governance 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
November	Research Committee Forensic Network Research Conference
December	Research Committee Specific focus on the end of financial year budgetary management.

11 APPENDIX 2: RESEARCH ACTIVITY

11.1 Completed Studies

Graham Alexander. Staff wellbeing survey.

Rebecca Dalgetty. Barriers to the Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder in NHS Forensic Services: A Thematic Analysis Study.

Dr Hamish Fulford, Hugh Cunningham. Linking Minds: The Impact of Psychological Link Nursing in a High-Secure Mental Health Setting.

Frances Graham. Personality Disorder Diagnosis Study.

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

Samantha Munoz. Registered practitioners' perspectives on trauma-informed care within a high secure hospital Scotland; a qualitative study.

Olivia Shaw. A service evaluation of the Making Healthy Changes low-intensity psychotherapy group.

Craig Smith, Alisdair Graham, Frances Waddell, Alison Eadie. Evaluation of the effectiveness of a 12-week Football Fans in Training (FFIT) course on the aerobic fitness and well-being of patients within a high secure forensic inpatient hospital.

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

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

Dr Helen Walker, Dr Hamish Fulford, 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.

Dr Helen Walker, Dr Hamish Fulford. Scottish Government Mental Health Scrutiny Review.

11.2 Journal Articles

De Villiers, J., & Johnstone, L. (2024). When the ward is the patient: Using the PRISM protocol to understand and reduce violence in an inpatient intellectual disability setting. *Criminal Behaviour & Mental Health*, 34(2), 134-143. <https://doi.org/10.1002/cbm.2318>

Tromans SJ, Sawhney I, Odiyoor M, **De Villiers, J** et al. Long-term segregation and seclusion for people with an intellectual disability and/or autism in hospitals: critique of the current state of affairs. *The British Journal of Psychiatry*. 2025; 226(1):39-46. DOI: [10.1192/bjp.2024.211](https://doi.org/10.1192/bjp.2024.211)

Gilling, L., Hartop, K., Purcell, N. & Thomson, L. (in press). Evaluation of a self-report distress measure in a high-secure forensic population: CORE-OM psychometric properties and test structure. *The Journal of Forensic Psychiatry and Psychology*. <https://doi.org/10.1080/14789949.2025.2468291>

The international prevalence of prenatal alcohol use obtained via meconium biomarkers: A systematic literature review. Keating, O., Brown, R. H., Kuenssberg, R., Driscoll, S., McDougall, S. & **O'Rourke, S.**, Sept 2024, In: *Alcoholism: Clinical and Experimental Research*. 48, 9, p. 1657-1676 20 p. <https://doi.org/10.1111/acer.15410>

Acquired brain injury and the assessment and management of violence risk
O'Rourke, S. & Drysdale, E., 2024, *Managing Clinical Risk: A Guide to Effective Clinical Practice*. Logan, C. & Johnstone, L. (eds.). 2nd ed. London: Routledge, p. 188-220 32 p. <https://doi.org/10.4324/9781003186564>

Polnay, A. & Burley, A., 29 Apr 2024, Telling tales: storytelling and disbelief in clinical encounters. In: *British Journal of General Practice*. 74, 744, p. 312-314. DOI: <https://doi.org/10.3399/bjgp24X738621>

Third, G., **Rees, C.**, **Gilling McIntosh, L.**, **Thomson, L.** (2024) Time from referral to discharge: Challenges for flow through the forensic estate. *BJPsych Open*. 2024 Aug 1;10(Suppl 1):S87. doi: [10.1192/bjo.2024.260](https://doi.org/10.1192/bjo.2024.260)

Daniel M Bennett, Bethan Cameron, Leanne Duthie, Jonathan Fish, Laura Hamilton, Johanna Brown, Brian Gillatt, Nicholas Hughes & **Lindsay D.G. Thomson** (17 Jan 2025): Appeals against detention in conditions of excessive security: an analysis of cases from medium secure units in Scotland, *The Journal of Forensic Psychiatry & Psychology*, <https://doi.org/10.1080/14789949.2025.2452482>

Thomson, L. & Gilling, L. (in press). *International perspectives and practice differences*. J. Metzner, R. Kapoor, T. Tamburello, and J. Knoll (Eds.) Oxford Textbook of Correctional Psychiatry (2nd edition). Oxford University Press.

Thomson, L.D.G. (2024) 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.

MacRae, R., Tolson, D., Taylor, J., Anderson, K., Russ, T. and **Thomson, L.D.G.** (2024) The health and social care of people living with diagnosed or suspected dementia in prison: current provision, lived experiences and recommendation. Final report, Dunhill Medical Trust, UWS and Alzheimer Scotland

MacRae, R., Chalmers, N., Tolson, D., Taylor, J., Anderson, K., **Thomson, L.** & Russ, T. (2024) Pre and post diagnostic dementia care in four Scottish prisons. *Health & Justice*. 12, 17 p., 43. <https://doi.org/10.1186/s40352-024-00294-5>

Tulloch, L., **Walker, H.** and Ion, R. (2024) What influences the use of seclusion? A cross-sectional study of forensic mental health nurses in a UK high secure hospital. *International Journal of Forensic Practice*, <https://doi.org/10.1108/JFP-05-2024-0022>

Doyle, M., Singh, M., McNulty, P., Slavin, S., Smith, M., **Walker, H.**, Khan W., and Smith B.P. (2024) Developing a web-based app for non-mental health nurses to support children and young people with mental health problems. *Nursing children and young people*. <https://doi.org/10.7748/ncyp.2024>.

Brisbane, R., Connell, R., Bremner, K., **Walker, H.** (2025) 'It was like a jail within a jail'; Prisoners experience of Segregation within the Scottish prison Service. *International Journal of Forensic Mental Health*, 1-10 <https://doi.org/10.1177/14999013241312912>

Murray, Y., Fleming, M., **Walker, H.** (2025) Chapter on 'People with depression'. *The Art and Science of Mental Health Nursing*, Fifth Edition (eds) Ian Norman and Iain Ryrie. United Kingdom, McGraw-Hill Education.

Walker, H., Fulford, H. and Carr, R., Thomson, L.D.G., Pitcairn, J., Gilling-McIntosh, L. (2024)
Provision of Mental Health Scrutiny and Assurance Evidence Review. Scottish Government.
<https://www.gov.scot/isbn/9781805259732>

11.3 Presentations

15-17 May 2024. Royal College of Psychiatrists Forensic Faculty Conference. **Prof. Lindsay Thomson**. Symposium: Forensic Mental Health Services for Women.

18-20 June 2024, IAFMHS Conference. **Cheryl Rees**. All cause and avoidable deaths across the Scottish forensic estate.

18-20 June 2024, IAFMHS Conference. **Dr Helen Walker**. Staff Perception of Reflective Practice Groups; 'It's not all honey and sweetpeas'.

18-20 June 2024, IAFMHS Conference. **Prof. Lindsay Thomson**. Symposium: Ten years on from the Forensic Network Inpatients Census: Who were these patients, what were their needs, and what happened?

18 Jun 2024 Royal College of Psychiatrists 2024 International Congress. **Dr Adam Polnay** et al. Metaphors of the Mind from History, Music and Contemporary Neuroscience: Implications for Clinical Practice.

19 June 2024: Royal College of Psychiatrists 2024 International Congress. **Dr Jana de Villiers**. 'Integrating Genomic Medicine into Mental Health Care'.

19 June 2024: Royal College of Psychiatrists 2024 International Congress. **Cheryl Rees** Time from Referral to Discharge from High Secure Care: Challenges for Flow through the Forensic Estate

3 August 2024. Scottish Sentencing Council Conference. **Prof. Lindsay Thomson**. Sentencing for Psychosis: Does it work?

25 Sept 2024: North West Genomic Medicine Alliance event. **Dr Jana de Villiers**. 'The role of genetic testing in mental health settings'.

October 2024 Mental Health Nursing Forum. **Dr Helen Walker**. Award Winners Presentation: Innovations in Education; Development of the School of Forensic Mental Health.

25 October 2024 British Association Forensic Sciences Conference. **Prof. Lindsay Thomson**. Keynote: Mental Health in the Scottish Prison Service: Reform, Review, Rethink.

7 Nov 2024: RCPsychiS and N Ireland ID Faculty joint conference. **Dr Jana de Villiers**. 'Rare disorders: exploring novel treatment approaches'.

7 November 2024. FNRSIG Conference. **Cheryl Rees**. Female pathway through Scottish forensic mental health inpatient services.

7 November 2024. FNRSIG Conference. **Dr Helen Walker**. Staff experience from a clinical student to newly qualified practitioner in a high secure forensic mental health service.

29 Nov 2024: Cheshire and Wirral Partnership NHS Foundation Trust Research Conference **Dr Jana de Villiers**. Genetic testing in mental health settings.

January 2025 Global Citizenship initiative between The State Hospital, School of Forensic Mental Health and Khyber Medical College and Teaching Hospital Pakistan. **Dr Helen Walker**. Adapted New to Forensic Programme.

28 February 2025. Forensic Network Lead Nurses Conference **Dr Helen Walker**. Facilitator and Participant Perception of Reflective Practice Groups.

28 February 2025. Forensic Network Lead Nurses Conference. **Craig Smith**. Evaluation of the effectiveness of a 12-week Football Fans in Training (FFIT) course on the aerobic fitness and well-being of patients within a high secure forensic inpatient hospital.

28 February 2025. Forensic Network Lead Nurses Conference. **Dr Liz Flynn**. Keynote Talk; The Role for Forensic Mental Health professionals in relation to PREVENT: Development of a National Service.

28 February 2025. Forensic Network Lead Nurses Conference **Hugh Cunningham & Dr Hamish Fulford**. Linking Minds: The Impact of Psychological Link Nursing in a High-Secure Mental Health Setting.

28 February 2025. Forensic Network Lead Nurses Conference. **Samantha Munoz** Registered Practitioners' Perspectives on Trauma-Informed Care within a High Secure Hospital, Scotland – A Qualitative Study.

28 February 2025. Forensic Network Lead Nurses Conference. Sarah Cosgrove, **Lindsay Tulloch** & Katie Wilson. Advancing staff development: A framework for staff insight days for nurses within the Scottish Forensic Network.

5-7 March 2025. RCPsych Forensic Faculty Conference. **Cheryl Rees**. Time from Referral to Discharge from High Secure Care: Challenges for Flow through the Forensic Estate.

5-7 March 2025. RCPsych Forensic Faculty Conference. **Cheryl Rees** All cause and avoidable deaths across the Scottish forensic estate.

5-7 March 2025. RCPsych Forensic Faculty Conference. **Dr Helen Walker**. ID Census and five-year follow up.

5-7 March 2025. RCPsych Forensic Faculty Conference. **Prof. Lindsay Thomson**. Keynote opening address. New Ways of Working in FMHS in Scotland.

5-7 March 2025. RCPsych Forensic Faculty Conference. **Prof. Lindsay Thomson**. Symposium: Ten years on from the Forensic Network Inpatients Census: Who were these patients, what were their needs, and what happened?

11.4 Ongoing Research Studies

Josie Clark. A mixed-methods study exploring mental health nurses' views of the risk assessment process and how the outcomes of risk assessment influence nursing practice within forensic mental healthcare.

Serena Duff. Exploring staff and patient interactions: impact on wellbeing and work.

Marichelle Leclair and Professor Lindsay Thomson. Comparing models of care in forensic mental health systems: an international realist evaluation.

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

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

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.

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

Professor Lindsay Thomson Scottish Prison Service – University of Edinburgh Research and Evaluation Services Framework.

Hamish Fulford, Hugh Cunningham, Alan Steel Understanding Patient and Professional Experiences of Psychological Group Work.

Olivia Shaw. How is grief experienced by men who have killed a loved one? Perspectives of patients and staff within a high secure hospital.

Greco Muratori. Offenders, prisoners or patients? Risk needs and management differences of patients in high secure settings.

Dr Mason McGlynn, Dr Molly Neville. An examination of Exceptional Circumstances Admissions to the State Hospital.

Lindsay Tulloch. The Role and Responsibilities of a Forensic Mental Health Nurse: A Systematic Scoping Review.