the institute of mental health
Nottingham

IMH Research Day

Tuesday 23rd May 2023

Time: 9.30 – 16.30

Venue: Institute of Mental Health, Triumph Road, Nottingham NG7 2TU

Chairs: Dr Elena Nixon, Dr Blanca Dios Perez

University of Nottingham
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NHS
Nottinghamshire Healthcare
NHS Foundation Trust

Research Excellence **for Innovation**

Programme

9.30	Registration (foyer) & refreshments (A floor corridor)
10.00	**Introduction and welcome** Dr Elena Nixon, University of Nottingham
10.15	**The factors underlying COVID-19 vaccination behaviour with people with young-onset dementia and carers in the United Kingdom: A qualitative study** Aysegul Humeyra Kafadar, University of Nottingham
10.40	**Medical students' psychological wellbeing: Perceptions and factors** Aisha Ali Hawsawi, University of Nottingham, Dar Alhekma University
11.05	**Mental Health and Resilience in Young People living in Remote Geographical Location** Tara Murphy, University of Nottingham
11.30	Refreshment break and viewing of posters
12.00	**BAY: Behavioural Activation for Young people with depression in specialist child and adolescent mental health services** Alexandrea Wusu, Nottinghamshire Healthcare NHS Foundation Trust
12.25	**A comparison of temporal pathways to self-harm in young people compared to adults: A pilot test of the Card Sort Task for Self-harm online using Indicator Wave Analysis** Joanna Lockwood, MindTech, University of Nottingham
12.50	Overview and discussion of (morning) presentations
13.10	Lunch and viewing of posters
14.10	**Patient and Public Involvement & Engagement (PPIe)- Panel Q&A session**
15.10	**Co-creating stories: connecting with people living with dementia and their carers in the community through creative storytelling** Surinder Bangar, Institute of Mental Health, University of Nottingham
15.35	**Lived Experience: opened or obscured through a digital lens?** Rebecca Woodcock, MindTech MIC, University of Nottingham
15.50	Short break
16.00	Overview and discussion of (afternoon) presentations
16.20	**Announcements:** **Best oral and poster prize winners** **IMH STAR award – Best Contribution to Research Facilitation or Delivery** **2022 Publication Awards**
16.30	Close of Day 1

List of poster presentations

Poster 1	**Mock Juror's Judgements of a defendant with autism spectrum disorder: The impact of expert evidence and intermediaries on perceptions of credibility and responsibility.** Kirsty Osborn, University of Nottingham
Poster 2	**Delays in transferring patients from prisons to secure psychiatric hospitals: an international systematic review** Christian P Sales, Nottinghamshire Healthcare NHS Foundation Trust
Poster 3	**Reviewing the relationship between mentalisation and the commission and treatment of violent behaviour** Beth Wong, Nottinghamshire Healthcare NHS Foundation Trust
Poster 4	**Will now be presenting on day 2 (24th May – poster 15)**

Poster 5	**Generating priorities for future dementia and hearing research: A James Lind Alliance Priority Setting Partnership** Sian Calvert, University of Nottingham
Poster 6	**The experiences of forensic psychologists training upon their ability to engage in culturally competent practices: A qualitative study** Chelsea James, University of Nottingham
Poster 7	**Investigating staff attitudes, training, knowledge, and trauma responses in the assessment and management of suicide risk in forensic NHS settings** Sophia Lettieri, University of Nottingham
Poster 8	**Making meaning of psychosis: Systematic review and thematic synthesis** Benjamin-Rose Ingall, University of Nottingham
Poster 9	**The prevalence of Personality Disorder traits in people accessing IAPT therapy and the impact on therapy outcomes** Lucy Parkin, Trent PTS/ Nottingham Trent University
Poster 10	**Attitudes towards persons with mental health conditions and psychosocial disabilities as rights holders in Ghana: a World Health Organization study** Briony Harden, Institute of Mental Health, University of Nottingham
Poster 11	**Early maladaptive schemas in sex offenders and non-sexual violent offenders: A systematic review** Huseyin Mert Turhan, University of Nottingham
Poster 12	**Gang membership and mental health, and its links to violence: A systematic review** Layla Clayton, University of Nottingham
Poster 13	**Influence of relative age on the symptoms, diagnosis or management of attention deficit hyperactivity disorder and autism spectrum disorder: a systematic review** Eleni Frisira, University of Nottingham
Poster 14	**Glutathione levels and psychopathology in schizophrenia spectrum disorders** Gamze Gizem Tekeli, University of Nottingham, Institute of Mental Health

Welcome

We are delighted to welcome you to the Institute of Mental Health's 2023 Research Days.

This is our 10th IMH Research Day event, and we look forward to hearing the highlights of the work of the Institute's doctoral candidates, Managed Innovation Networks (MINs), and our early-career researchers.

This event celebrates the breadth of ideas and research work currently taking place within the Institute of Mental Health, and offer an opportunity to present, share and discuss research with colleagues and peers from across the Institute and our partner organisations.

Over the next two days we will have oral and poster presentations from many of our early-career researchers and for some this will be the first chance they have ever had to present their work in public. Creating a research-active and supportive environment is an important function the Institute can perform in nurturing up-and-coming research talent, and I am delighted to see such a variety of research themes and ideas in this year's programme.

In addition to the oral and poster prizes we award at the end of each day, this year we have added two new prizes – our IMH Public Advisory Group Award, and our award for Best Contribution to Research Facilitation or Delivery (which will receive our newly launched IMH Star Award this year). These awards look at different aspects of a research project – highlighting good practice and activities to involve patients and the public in research design; and recognising the contribution made by a variety of support teams that work together to deliver a successful research project.

We are also renaming our poster presentation prize in honour of our Research Day long term organiser and supporter, Professor Peter Bartlett. Peter is retiring from the University of Nottingham this year, so we wish to thank him for his unwavering support and leadership of these events over the years. “The Peter Bartlett prize for Best poster presentation” will be awarded every year and ensure that Peter’s huge contribution to these events continues to be noted for years to come.

My thanks to the organisers of this year’s events: Dr Elena Nixon, Dr Blanca De Dios Pérez, Karen Sugars, Kate Horton, the Institute’s Advisory Group members and Public Contributors, Lou Rudkin and Prof Peter Bartlett. Without their hard work and efforts, none of this would be possible.

I wish all our Research Day presenters the very best of luck and I hope all our attendees find the event rewarding and enriches their ongoing research work.

Professor Martin Orrell
Director, Institute of Mental Health

Housekeeping

Refreshments and lunch
Refreshments and lunch will be provided throughout the day in our ground floor corridor.

If you have notified us of any specific dietary requirements, then your lunch will be named or alternatively platters will be named for that specific requirement (e.g Vegan, vegetarian etc)

Toilets
Please use the toilet facilities located in the ground floor reception area. Please speak to a member of our reception team if you have any additional needs that we can help with.

Tweet us!
We’ll be tweeting from the Institute’s Twitter account throughout both days – follow us **@institutemh** and use the **#IMHRD23** hashtag.

Photography
We will be taking photos throughout both days to celebrate the Research Days. If you’d prefer not to appear in any photos, then please let our Communications team know or mention it to anyone you see with a camera.

Feedback survey and certificates of attendance
All delegates who have attended will receive a link to complete an online feedback survey shortly after the events have finished. Certificates of attendance can be requested during completion of the survey.

Spring Social

There will also be a **Spring Social event**, on the evening of Tuesday 23 May, 5-7pm
Join us for pizza and drinks at our Spring Social event, to be held at the end of the first Research Day. We will also be announcing the winners of the IMH Publication Awards 2023
If you would like to attend, then please register here

Research Day prizes

- **The Craig Dixon memorial prize for Best oral presentation**
- **The Peter Bartlett Best poster** – voted for by the event delegates.

We also have two new awards this year:

- **IMH Public Advisory Group Award –** judged by the Institute of Mental Health's Advisory Group members

  (This award will be presented at the end of the second day.)

- **IMH STAR award – Best Contribution to Research Facilitation or Delivery -** launched this year to recognises the best contribution to any aspect of an IMH research project's facilitation and/or delivery by individuals outside a given research team. Nominations could be made for a named individual working in a team involved in supporting research facilitation and/or delivery, e.g. staff working in Research and Development, Research and Evidence, Research Delivery Team, Clinical Research Networks, Research Grants and Contracts, Research Operations; and other relevant research support services. Nominations could also be made for a named individual contributing to research through Patient and Public Involvement and Engagement groups.

  (This award will be presented at the end of the first day.)

2022 Publication Awards –

A. Best overall publication
B. Best publication when the author has published no more than six previous publications
C. Best publication flowing from work during doctoral studies or as part of a doctoral dissertation
D. Best publication by an employee of Nottinghamshire Healthcare NHS Foundation Trust who does not have a substantive contract with a university
E. Best publication by an employee of the Nottinghamshire Healthcare NHS Foundation Trust or the University of Nottingham, co-authored with a person with lived experience of mental distress or a current or former user of mental health services
F. Best publication (including blog posts, newspaper articles, or similar) by a person with an affiliation to the Institute of Mental Health who has lived experience of mental distress or is a current or former user of mental health services

(These awards will be announced at the end of the first day)

Want to blog about today?

The Institute of Mental Health's blog is a diverse collection of essays, opinion pieces and heartfelt comment on a wide variety of subjects relating to mental health.

Founded in 2012 the blog has continued to go from strength to strength, we would really encourage anyone interested in writing a post, or helping run the blog, to get in touch. The blogs remit is very open and new content is always welcome.

What is the IMH blog?
Set up by postgraduates within the Institute of Mental Health in 2012, the blog is a multi-author, cross-disciplinary forum which encourages conversation about issues related to mental health, integrated healthcare, lived experience and wellbeing.

At present the blog is edited and managed by the Institute's Communications team, but it would be great to have a few more IMH researchers involved.

Please get in touch with the Communications team for more information about submitting a blog or joining the editorial team: lou.rudkin@nottshc.nhs.uk

What is Patient and Public Involvement?

Meet Kate Horton, the Institute of Mental Health's Public Involvement Co-ordinator.

At the Institute we encourage Patient and Public Involvement to be considered from the first concept of research. In the same way a research idea will come to life with multiple experiences and specialisms, someone who lives these experiences can add a reality and richness to any question.

Within any grant application or bid, PPI will be raised and how you will involve people will be questioned. These early questions will include:

- What's the question investigated – can you explain this in lay language?
- Do people with lived experience of this topic share your interest in this research question?
- Who are your "people" in PPI conversations and how do you communicate with them?
- How will you authentically involve them into your research process?

Good quality Patient and Public Involvement means much more than that initial review of documents and helping with a Plain English Summary. It is finding ways to involve lived experience, real voices all across the whole cycle of the research. It's about working with experience and lived knowledge to add value to the research. It's also about creating space and respectful, meaningful involvement for those public contributors you work with.

There is no one way to do “PPI” the right way. It fits with the people it involves, the direction of the research and it flourishes best where this additional value, respectful involvement exists.

Also it is always worth bearing in mind, for those bringing lived experience to research, being ‘Involved’ is not access to therapy, medical or clinical care. It does not, unfortunately, fast track anyone to answers or extra help for their own experiences. Many public contributors get involved in research not to improve their own experiences but to improve the experiences of those who come after them. To see improvements and developments in services and research long after their own interactions with that system. It’s often an altruistic and awkward process to be part of, often shifting from one thing to another swiftly, without the same equipment, systems and knowledge of everyone else in the room – virtual or otherwise.

The Institute of Mental Health is committed to seeking positive involvement for patients, public, carers, service users and interested peers in our research and wider activities and we actively seek to support researchers to do this in the best way possible. To find out more visit **www.institutemh.org.uk/involvement**

Library and Knowledge Service - Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare’s Library and Knowledge Service provides a comprehensive library and information service to Trust and Institute of Mental Health staff. Our services underpin healthcare practice, organisational management, research, lifelong learning and continuing professional development in the Trust.

Our services include:

- An evidence search service.
- Training sessions on using e-resources.
- A large collection of books and journals.
- Access to online databases, books and journals.
- A range of current awareness resources.
- Journal club facilitation.
- Management of the East Midlands Evidence Repository (EMER).
- A document supply service to help you access full text of journal articles.
- Hot desk space with access to NHS WiFi, computers and docking stations and printing and photocopying facilities (Duncan Macmillan House).

We have three libraries, one at Duncan Macmillan House and further sites at Rampton and Wathwood.

Duncan Macmillan House Staff Library:	**Rampton Staff Library:**	**Wathwood Staff Library:**
• Monday to Thursday, 8:45am to 5pm • Friday, 9am to 4pm	• Monday to Thursday, 9:00am to 4:30pm • Friday, 9:00am to 4pm	• Monday to Friday, 9:00am to 5:00pm

Please email us or call 0115 9529486 if you have any queries. For information about joining the library or to see more about the services we provide, please visit our Connect pages or our web pages.

PPI Panel discussions

We will be hosting a 45-minute Q&A panel with experienced public contributors affiliated to the Institute. This will not be a session to explore individual lived experiences within mental health but a Q&A opportunity to explore the public contributor perspective in research, offering advice on creating and sustaining quality PPI within research and understanding more about how this could be successfully carried out in your own research.

Oral presentation abstracts
(in order of the programme)

Time of presentation	10.15
Presenter	Aysegul Humeyra Kafadar
Job title and affiliation	PhD Candidate, University of Nottingham
Names and affiliations of co-authors	University of Nottingham
Title of talk	The determinants underlying COVID-19 vaccination behaviour people with young-onset dementia and their carers in the United Kingdom: A mixed-methods study
Abstract	**Background**: People with dementia are at high-risk of contracting COVID-19. Vaccination is necessary continue to tackle the pandemic. No studies to date have investigated COVID-19 vaccination behaviour in people with young-onset dementia (YOD) and their carers. **Method**: Semi-structured interviews with 26 people with YOD and 24 carers were conducted online in September to November 2022. Participants also completed an online survey collecting contextual demographic, health, and vaccination-related information. Deductive reflexive thematic analysis was employed via NVivo 12 to deeply understand participants' thoughts and feelings about vaccination for COVID-19 and their experiences of the process. **Results**: The mean age of participants with YOD was 42.2 (range 26-60 years), 88.5% were male, and 96.2% self-identified as Black. The mean age of carers was 31.7 (range 19-54 years), 70.8% were male, and 79.2% self-identified as Black. All participants had at least one dose of a COVID-19 vaccine at the time of interview, and 15.4% of people with YOD and 45.8% of carers were vaccinated with the offered booster dose. Twelve main themes were identified of which five were directly related to dementia; (1) need more support to get vaccinated because of dementia symptoms; (2) I worry that the COVID-19 vaccine may make my dementia worse; (3) personal responsibility to get vaccinated to better take care of a person with YOD; (4) preferring a vaccine which requires fewer visits to vaccination centres; (5) worried about how other people will react at vaccination centres.

	Conclusion: Some people with YOD and their carers delayed or refused COVID-19 vaccination doses due to resolvable reasons such as a lack of time, queuing, inaccurate information about vaccines, or previous negative experiences. Future research should explore the how to mitigate these factors to increase vaccine uptake in these groups.

Time of presentation	10.40
Presenter	Aisha Ali Hawsawi
Job title and affiliation	PhD Student, University of Nottingham, Dar Alhekma University
Names and affiliations of co-authors	Neil Nixon, Emily Stewart, Elena Nixon, University of Nottingham
Title of talk	Medical students' psychological wellbeing: Perceptions and factors
Abstract	**Aims**: Medical trainees are known to experience high-stress levels and ill-health, which highlights the need to enhance medical students' psychological wellbeing. This study aimed to comprehensively address both positive and negative factors that contribute to medical students' psychological wellbeing during their training at Nottingham University medical school. **Methods**: This study employed a qualitative research approach to explore the factors that influence the psychological wellbeing of medical students during their training. To gain in-depth insights, twenty-five semi-structured interviews and seven focus groups were conducted. The data collected from these interviews and focus groups were transcribed and analysed thematically. **Results**: The study revealed that positive and negative factors influence medical students' psychological wellbeing. Positive factors such as study-life balance, academic achievement, meaningful relationships with staff and peers, and time spent with close friends or family significantly influenced medical students' psychological wellbeing. Conversely, adverse educational, organisational, and cultural factors negatively impacted students' wellbeing. The COVID-19 pandemic also had a negative effect on students' academic, personal, and social lives. Students mainly used active coping strategies, but some faced barriers in seeking support. Various solutions to improve mental health support in schools were recommended by students. **Conclusions**: The findings highlight the importance of adopting a holistic approach that considers various positive and negative factors that impact medical students' wellbeing. It also highlights the need to provide a supportive and nurturing environment in medical schools and offer appropriate support and resources to help students cope with the stress and challenges of medical training.

Time of presentation	11.05
Presenter	Tara Murphy
Job title and affiliation	PhD student / Consultant Psychologist, University of Nottingham
Names and affiliations of co-authors	Dr Elena Nixon, University of Nottingham; Dr Annette Murphy, King Edward VII Memorial Hospital, Falkland Islands
Title of talk	Mental Health and Resilience in Young People living in Remote Geographical Location
Abstract	Adolescence is a time of opportunity and vulnerability for mental health. Little is known about the factors which impact the mental health and resilience of young people who live in remote geographical contexts. This study describes two mixed methodology studies of young people living on the remote British Overseas Territories of Saint Helena Island (SHI) and Falkland Islands (FI). The data presents themes drawn from qualitative interviews from 15 young people, 15 carers and 15 professionals living in SHI and 10 young people recruited in the FIs. From the quantitative perspective, we present data from N > 150 young people using the Strengths and Difficulties Questionnaire and Revised Children Anxiety and Depression Questionnaire from FIs alongside administration of the MINI-KID from 24 youth on SHI. The Child and Youth Resilience Measure was completed by young people in both cohorts. Similarities and differences reported from the two contexts will be explored alongside factors which serve to protect and challenge mental health in young people. As both studies were the first of their kind in both locations, reflections on the experience of carrying out novel research in these locations will be explored. In addition, we will consider the opportunities for PPI as part of the research. Suggestions will be made about the needs for services in these contexts in addition to potential innovations in health service delivery for these geographically remote contexts.

Time of presentation	12.00
Presenter	Alexandrea Wusu
Job title and affiliation	Research Support Officer, Nottinghamshire Healthcare NHS Foundation Trust
Names and affiliations of co-authors	Bernadka Dubicka- Chief investigator- Hull York Medical School, Kapil Sayal- principal investigator- Institute of Mental Health, Emma Standley- Trial Manager- York Trials Unit, Rachel Ellison- Trial Manager- York Trials Unit
Title of talk	BAY: Behavioural Activation for Young people with depression in specialist child and adolescent mental health services
Abstract	Rates of emotional disorders in young people (YP) have been increasing and the COVID-19 pandemic is disproportionately affecting the mental health of YP. Before the pandemic, only 25% of children and YP with mental health disorders accessed help; those that do often have long waits for specialist therapy after assessment. In addition, there is a significant shortage of skilled staff. Delivery modes have changed since Covid-19 with blended delivery (online and in person delivery) now being common practice. The BAY study aims to examine the effectiveness, cost-effectiveness, and acceptability of Behavioural activation (BA) using blended delivery +

	psychoeducation (PE) + treatment as usual (TAU), when compared to TAU+PE in depressed adolescents aged 11-17 referred and accepted to specialist CAMHS. To address the changes concerning YP's mental health, clinicians without specialist therapy skills have been given brief training to deliver blended BA in 8 therapist led sessions. The study is a randomised control trial with an embedded cost analysis and qualitative study. The primary outcome measure is the Moods and Feelings Questionnaire (MFQ) at 6 months and the recruitment goal of 528 YP will be gathered from NHS specialist CAMHS across 5 Trusts in England. YP will be randomised to receive either BA+PE+TAU or PE+TAU and outcome data collected over a 12-month period. If BA is effective, implications for clinical practice include a therapy delivery which could improve YPs mental health and an option to free up more experienced/specialist staff for complex/severe cases, in turn reducing wait times for specialist interventions.

Time of presentation	12.25
Presenter	Joanna Lockwood
Job title and affiliation	Research Fellow, MindTech University of Nottingham
Names and affiliations of co-authors	Camilla Babbage, UoN; Katherine Bird, University of Nottingham; Imogen Thynne, University of Nottingham; Andrey Barsky, University of Birmingham; David Clarke, University of Nottingham; Ellen Townsend, University of Nottingham
Title of talk	A comparison of temporal pathways to self-harm in young people compared to adults: A pilot test of the Card Sort Task for Self-harm online using Indicator Wave Analysis
Abstract	The Card-Sort Task for Self-harm (CaTS) offers a systematic approach to charting the complex, dynamic and multifactorial interplay between thoughts, feelings, events, and behaviours in the build-up to self-harm. Using a pilot online adaptation (CaTS-online) and a new analysis technique - Indicator Wave Analysis (IWA) - we explored changing and varied indicators of risk and intervention points in the self-harm profiles of adolescents and adults over time. **Method**: Community-based young people (n = 66; 18-25 years, M = 21.4; SD = 1.8) and adults (n= 43; 26-57 years, M = 35; SD = 8.8) completed CaTS-online, documenting thoughts, feelings, events, and behaviours over a 6-month timeline for the first ever and most recent self-harm. A notable interdependence between factors and time points was identified using IWA. **Results**: Positive emotion at and immediately after self-harm exceeded the threshold for both groups for both episodes. Feeling better following self-harm was more pronounced for the first-ever episodes. Impulsivity was an important immediate antecedent to self-harm for both groups at both episodes but most markedly for young people. Acquired capability was notable for adults' most recent episodes, suggesting this develops over time. Burdensomeness was only more notable for adults and occurred 1 week prior to a recent episode. Both groups revealed patterns of accessing support that were helpful and unhelpful.

	Conclusion: IWA output diagrams provided an age-specific and time-specific visual 'characteristic signature' which has potential merit in supporting collaborative discussion and shared understanding in therapeutic settings. The viability of digital card-sort innovations now warrants further exploration.

Time of presentation	15.10
Presenter	Surinder Bangar
Job title and affiliation	Doctoral candidate, Institute of Mental Health, University of Nottingham
Names and affiliations of co-authors	Professor Tom Dening, Institute of Mental Health, University of Nottingham; Associate Professor Kevin Harvey, School of English, University of Nottingham; Assistant Professor Daniel Hunt, School of English, University of Nottingham
Title of talk	Co-creating stories: connecting with people living with dementia and their carers in the community through creative storytelling
Abstract	Stories are important for all of us. This is true just as much for people living with dementia. Stories can help us to make sense of our lives and keep us in touch with who we are and with each other. Creative storytelling includes developing life stories and an approach called Timeslips. Life story work has been used in health and care settings to record aspects of an individual's life in some way and to use this to benefit the person with dementia. Timeslips is a storytelling intervention which emphasises stimulating imagination rather than any expectation to remember. Both approaches have been shown to have positive effects for people with dementia, staff, family members and carers. Existing studies have focused predominantly on use within health and care settings. My study is exploring how creative storytelling approaches can be used within a home setting. In this presentation, I will provide an overview of what creative storytelling approaches are, outline my plans for my doctoral study, provide an initial example of using Timeslips in practice and highlight some of the challenges and benefits of using this approach. Enhancing understanding of how creative storytelling approaches are used with people living with dementia and their carers in the community, including identifying limitations and facilitators may lead to improving future practice and to enriching the lives of people living with dementia.

Time of presentation	15.35
Presenter	Rebecca Woodcock
Job title and affiliation	Patient and Public Involvement Manager, MindTech MIC, University of Nottingham
Names and affiliations of co-authors	MindTech MIC, University of Nottingham
Title of talk	Lived Experience: opened or obscured through a digital lens?

Abstract	How does a digital world impact on the inclusion of lived experience voices? Operating within an increasingly complex world, we offer case studies covering AI, Big Data, Extended Reality and Citizen Science to explore potential responses, rooted within lived experience involvement in mental health research. Technology as a tool to either extend or contain both mental health services and lived experience, will be explored. Against the potential to address inequalities and power-imbalances through an 'empowered' version of digital involvement, we will also explore the potential for digital methods to exacerbate and extend, inequalities with experiential knowledge and voices still not being heard. By emphasising 'epistemic justice' (Palmer et al., 2019) and highlighting emerging virtual spaces for connectivity and adaptivity, we propose a way forward that recognises and adapts to an unprecedented pace of virtual change.

Poster presentation abstracts

Poster number	1
Presenter	Kirsty Osborn
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Names and affiliations of co-authors	None given
Title of talk	Mock Juror's Judgements of a defendant with Autism Spectrum Disorder: The impact of expert evidence and intermediaries on perceptions of credibility and responsibility
Abstract	**Theoretical Background** A growing body of empirical research has identified that providing jurors with additional information regarding an individual's diagnosis can help to address unfair biases regarding credibility and responsibility. In addition, court appointed intermediaries are now available for defendants with communication needs in England and Wales, under HMCTS Appointed Intermediary Services. **Aims/Objectives** In line with discounting principles, this research aims to explore the influence of expert evidence and the presence of an intermediary, on attributions of guilt, criminal intent, moral responsibility, and legal responsibility in a defendant with autism. The research also aims to explore participant's qualitative responses to their attributions to further examine decision-making processes. **Methodology** Participants view a scenario detailing a defendant's crime and court-room behaviour before providing attributions of guilt, criminal intent, moral responsibility, and legal responsibility. Within some experimental conditions, expert testimony and/or an intermediary are provided. Participant's knowledge, openness, and level of contact with autism are also measured.

	Results Data collection is currently on-going with a view to analyse over the summer. It is hypothesized that the provision of expert evidence and an intermediary will result in diminished attributions of guilt. **Limitations** Knowledge, openness, and level of contact with autism were measured via self-report questionnaires and therefore open to social desirability bias. The idiosyncratic nature of written vignettes also limits ecological validity. **Implications/Originality** This is the first study to explore the impact of the presence of an intermediary, and the provision of expert evidence, on jury decision making in an autistic defendant.

Poster number	2
Presenter	Christian P Sales
Job title and affiliation	Researcher, Nottinghamshire Healthcare NHS Foundation Trust
Names and affiliations of co-authors	Nottinghamshire Healthcare NHS Foundation Trust
Title of talk	Delays in transferring patients from prisons to secure psychiatric hospitals: an international systematic review
Abstract	**Background**: Transfer to hospital of mentally disordered prisoners is an important part of prison healthcare and an essential factor in ensuring the principle of equivalence in treatment of prisoners. Previous evidence in the England and Wales suggest that despite initiatives to prioritise this, including the Bradley report, which set a target of 14 days, prompt transfer is not being achieved. To date, there has been very limited reporting of any data for transfer times from prison in all parts of the world. **Aim**: To conduct an international systematic review of research into transfers of people from prison to hospital for treatment for mental disorder Method: Nine databases were searched for data-based publications using terms for prison and transfer to hospital, from inception to 4th August 2022. Inclusion criteria limited studies to mental disorder as a reason for the transfer. **Results**: In England, five articles were identified demonstrating transfer times remain considerably longer than the national targets of 14 days (range 14 days to >9 months) with one study from Scotland. There were only three data-based studies of prison to hospital transfers for mental disorder outside of the UK and none reported time-to-transfer data. **Conclusions**: These limited findings highlight failures to resolve transfer delays in England and little concern about the problem elsewhere. Given the lack of data, it is unclear whether other countries do not have this problem, or simply that there has been no research interest in it. A possible confounding factor here is that in some countries all treatment for mental disorder among prisoners is within the prison system. The principle that prisons are not hospitals seems important when people need

	inpatient care. Mapping the nature of response to this situation globally seems important if prisoners if are to receive equivalence of healthcare.

Poster number	3
Presenter	Beth Wong
Job title and affiliation	Psychologist in Training, Nottinghamshire Healthcare NHS Foundation Trust
Names and affiliations of co-authors	None given
Title of talk	Reviewing the relationship between mentalisation and the commission and treatment of violent behaviour
Abstract	**Background**: There is an emerging body of research exploring the use of mentalisation based therapies within forensic populations and the impact of mentalisation skills on inter-personal difficulties. The impact of this relationship between mentalisation skills and violence has not yet been systematically explored. **Purpose**: To identify the relationship between mentalisation abilities and mentalisation based therapies and violence in forensic populations. **Methods**: Computer databases Psychoarticles, Psychoinfo and Scopus were searched on (all years - 23/05/2020). Search terms related to mentalisation, violence, forensic and reflective functioning. **Results**: After removing the duplicates, 4,253 records were screened, 9 were used in the final review. Research was organised to address two aims: 1. Research related to the relationship between mentalisation based skills and violence commission and treatment and 2. Research related to the use of mentalisation based therapies and the effects on violence outcomes. **Discussion**: Findings were unable to suggest a clear causal relationship between mentalisation based skills and the likelihood of commission of violence. This systematic review suggests further research into specific factors that may have a further role within this relationship, for example psychopathology or specific facets of mentalisation based skills, be explored.

Poster 4 presenting on 24th May as poster 15 (day 2)

Poster number	**5**
Presenter	Sian Calvert
Job title and affiliation	Research Fellow, University of Nottingham
Names and affiliations of co-authors	Sian Calvert[1,2] Eithne Heffernan[1,2] Emma Broome[1,2] Tom Dening[3] Clare Burgon[1,2] Jean Straus[4] Helen Henshaw[1,2]

	[1]Hearing Sciences, Mental Health and Clinical Neurosciences, School of Medicine, University of Nottingham, UK. [2]National Institute for Health Research (NIHR) Nottingham Biomedical Research Centre, Nottingham, UK. [3]Mental Health and Clinical Neurosciences, School of Medicine, University of Nottingham, Nottingham, UK. [4]Patient Research Partner.
Title of talk	Generating priorities for future dementia and hearing research: A James Lind Alliance Priority Setting Partnership
Abstract	**Introduction** Dementia and hearing conditions are common in older adults and often coexist. Acquired hearing loss is the largest potentially modifiable risk factor for the development of dementia. Little is known about the needs and priorities of individuals experiencing both dementia and hearing conditions, despite evidence of the individual impacts. People who live with these conditions, along with caregivers, are often under-represented in research and may also belong to other underserved groups (e.g., ethnic minority groups). Underserved groups should be supported to participate so research findings are representative. Since policymakers require patient-focused evidence, we must enable those who would benefit to voice what matters to them. A James Lind Alliance Priority Setting Partnership (PSP) has been launched to prioritise unanswered research questions about coexisting dementia and hearing conditions. **Objectives**: 1) Work with patients, carers and clinicians to identify uncertainties about the prevention, diagnosis, and treatment of coexisting dementia and hearing conditions. 2) Agree the top 10 research uncertainties by consensus. 3) Disseminate results to guide future research and policy. **Methods** PSP key stages: 1. Steering group formation; 2. First survey: collecting initial priorities; 3. Collation and evidence checking; 4. Second survey: Interim priority setting; 5. Final priority setting workshop. Incorporating inclusive strategies throughout. **Results** A diverse steering group has been formed, including people with lived experience, carers, clinicians and user organisations representatives: the project is ongoing. **Conclusion** Shaping a priority research agenda for dementia and hearing conditions by those who can directly benefit to guide future research, commissioning, and policymaking.

Poster number	6
Presenter	Chelsea James
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Names and affiliations of co-authors	Mohsen Tavakol, psychometrics professor, University of Nottingham. Kevin Browne, Professor of forensic psychology and child health, University of Nottingham

Title of talk	The experiences of forensic psychologists training upon their ability to engage in culturally competent practices: A qualitative study
Abstract	**Objective**: The purpose of this qualitative study is to provide insight into the experiences of forensic psychologist's training and their ability to engage in culturally competence practices. It is suggested that health professionals rarely acknowledge cultural competence (Shepherd et al., 2019) and that there is room for improvements to guide training for psychologists (Kois, & Chauhan, 2016; Buneto et al., 2019). Previous research focused on clinical and counselling psychologists training. Therefore, this current research looks explicitly at forensic psychology and cultural competence training. **Design**: This study will implement a qualitative approach using transcripts from semi-structured interviews. **Method**: Participants will be forensic psychologists recruited online through social media. They will complete an online questionnaire about demographics and consent, before being invited to an online Microsoft team's interview. Participants will be asked to share information about their experiences of cultural competency training pre and post qualification. **Results**: This study is currently in progress. Preliminary results from a pilot study highlight initial themes. These include: "lack of training opportunities", "need for guidance" and "ambiguity and uncertainty". **Conclusions**: The implication for this study is to highlight the needs surrounding training on cultural competence, specifically focusing on needs of forensic psychologists to enable them to become more inclusive practitioners. This is a broad initial piece of research in this area, therefore, future research could explore training experiences of specific cultures, for example a focus on ethnicity or LGBTQ+, in more detail to identify variations in training needs and experiences.

Poster number	7
Presenter	Sophia Lettieri
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Names and affiliations of co-authors	Dr Elizabeth Paddock, University of Nottingham
Title of talk	Investigating staff attitudes, training, knowledge, and trauma responses in the assessment and management of suicide risk in forensic NHS settings
Abstract	Research has found that there is a high rate of suicide in forensic psychiatric patients (James et al., 2012). Therefore, it is vital that the methods used for the assessment and management of suicide risk for forensic psychiatric patients are strengthened (Guo et al., 2021). Previous research has highlighted that improvements are needed in communication and record keeping amongst staff teams, knowledge and training for staff on assessing suicide risk, and in the performance of clinical observations (INQUEST, 2020; NCISH, 2015). This project aims to investigate how staff in forensic NHS services currently assess and

	manage the risk of suicide in their service users, as there are no universal guidelines for this practice. This study will also investigate whether these clinical practices are performed differently by staff who have been exposed to suicide incidents at work. Staff attitudes towards suicide are also gathered via the OSAQ-12. Data collection via an online questionnaire is currently underway until October 2023. Participants (forensic NHS staff who have clinical contact with service users) are being sought by virtue of their professional role via staff networks and online advertisements. Multiple regression analyses will explore different factors that may be associated with staff attitudes towards suicide, and whether there are significant differences between the ways in which suicide risk is assessed and managed by different groups of staff. Findings will be disseminated with forensic NHS teams in order to enhance knowledge and understanding, and to inform clinical practice and future training opportunities.

Poster number	8
Presenter	Benjamin-Rose Ingall
Job title and affiliation	Research Assistant, University of Nottingham
Names and affiliations of co-authors	Benjamin-Rose Ingall, School of Health Sciences, University of Nottingham; Felix Lewandowski, School of Psychology, University of Nottingham; Dr Yasuhiro Kotera, School of Health Science, University of Nottingham; Dr Gerald Jordan School of Psychology, University of Birmingham; Professor Mike Slade School of Health Science, University of Nottingham; Dr Fiona Ng School of Health Sciences, University of Nottingham.
Title of talk	Making meaning of psychosis: Systematic review and thematic synthesis
Abstract	**Introduction** Individuals explain their psychosis experiences in a variety of personally meaningful ways, and finding meaning is an important aspect of recovery and growth. This systematic review aims to identify the personal explanations people ascribe to their experiences of psychosis. **Methods** Qualitative studies focused on the meaning making process with regards to psychosis were systematically sought and reviewed. Data sources searched included electronic databases, journals, and preprint repositories. Studies were included if they were explored the lived experience of the personal explanations of individuals with non-organic psychosis, with or without a formal diagnosis. A thematic synthesis will be conducted in order to develop a conceptual framework of the explanations people ascribe to their experiences of psychosis. A subgroup analysis will be conducted to examine outcomes by diagnostic status. **Results** Preliminary results will be presented.

Poster number	9
Presenter	Lucy Parkin
Job title and affiliation	Primary Clinical Nurse Practitioner, Trent PTS/ Nottingham Trent University
Names and affiliations of co-authors	Dr Nadja Heym, Nottingham Trent University
Title of talk	The prevalence of Personality Disorder traits in people accessing IAPT therapy and the impact on therapy outcomes
Abstract	This study aimed to investigate personality attributes in people accessing ""IAPT"" talking therapy. **Four points are investigated:** i) The extent to which participants indicate possible personality difficulties. ii) Which personality trait domains are correlated with elevated SAPAS scores. iii) The association of either SAPAS or personality trait domains (measured by the PID-5-FBF) with standardly assessed difficulties (PHQ9, GAD7 or WSAS). iv) The extent that the presence of personality difficulties impact individuals' likelihood of "recovery" indicated through a reduction in standard assessment scores. **Methods**: Participants (N=123) were asked to complete the PID-5-FBF and SAPAS personality difficulty screeners prior to treatment. The researcher also collected primary data from IAPT standard data set (PHQ-9, GAD-7, WSAS) at assessment, and where available, completion of treatment. Linear regression models and t-tests were completed comparing the data sets and exploring associations as described above. **Findings**: A high prevalence of personality difficulties within the IAPT sample and personality trait domains were found to be correlated with SAPAS scores above clinical cut off (negative affect, disinhibition, detachment, and psychoticism). Significant associations were found between SAPAS and negative affect and disinhibition domains, along with associations between PHQ-9 and detachment, GAD-7 and negative affect, and WSAS and both detachment and disinhibition. The sample size was too small to identify associations between personality difficulties and therapy outcomes but reliable change of approximately 25% of completed cases was identified with PHQ-9 and GAD-7 scores and 50% of WSAS scores showed reliable change. **Conclusions**: There is a higher prevalence of personality difficulties within IAPT services than initially assumed which may impact therapy outcomes, with negative affect and disinhibition having the highest impact. Further research is required to evaluate the usefulness of screeners within IAPT services, whilst being mindful of the limited treatment for ""personality difficulties"".

Poster number	10
Presenter	Briony Harden
Job title and affiliation	PhD student, Institute of Mental Health, University of Nottingham, UK
Names and affiliations of co-authors	Leveana Gyimah: WHO Country Office for Ghana, Accra, GH, Ghana; Michelle Funk: Policy, Law and Human Rights, Department of Mental Health & Substance Use, World Health Organization, Geneva, CH, Switzerland; Natalie Drew-Bold: Policy, Law and Human Rights, Department of Mental Health & Substance Use, World Health Organization, Geneva, CH, Switzerland; Martin Orrell: Institute of Mental Health, University of Nottingham, UK; Maria Francesca Moro: Columbia Mailman School of Public Health, New York, NY, USA; Celline Cole: Charite University Medicine Berlin, Berlin, DE, Germany; Sally-Ann Ohene: WHO Country Office for Ghana, Accra, GH, Ghana; Florence Baingana: WHO Regional Office for Africa, Brazzaville, CG, Congo; Caroline Amissah: Ghana Ministry of Health, Mental Health Authority, Accra, GH, Ghana; Joana Ansong: WHO Country Office for Ghana, Accra, GH, Ghana; Priscilla Elikplim Tawiah: Ghana Ministry of Health, Mental Health Authority, Accra, GH, Ghana; Kwaku Brobbey: Ghana Ministry of Health, Mental Health Authority, Accra, GH, Ghana; Mauro Giovanni Carta: University of Cagliari, Cagliari, IT, Italy; Akwasi Osei: Ghana Ministry of Health, Mental Health Authority, Accra, GH, Ghana
Title of talk	Attitudes towards persons with mental health conditions and psychosocial disabilities as rights holders in Ghana: A World Health Organization study
Abstract	**Background** There are currently major efforts underway in Ghana to address stigma and discrimination and promote the human rights of those with mental health conditions, within mental health services and the community, working with the World Health Organization's QualityRights initiative. The present study aims to investigate attitudes towards people with lived experience of mental health conditions and psychosocial disabilities as rights holders. **Methods** Stakeholders within the Ghanaian mental health system and community, including health professionals, policy makers, and persons with lived experience, completed the QualityRights pre-training questionnaire. The items examined attitudes towards coercion, legal capacity, service environment, and community inclusion. Additional analyses explored how far participant factors may link to attitudes. **Results** Overall, attitudes towards the rights of persons with lived experience were not well aligned with a human rights approach to mental health. Most people supported the use of coercive practices and often thought that health practitioners and family members were in the best position to make treatment decisions. Health/mental health professionals were less likely to endorse coercive measures compared to other groups. **Conclusion** This was the first in-depth study assessing attitudes towards persons with lived experience as rights holders in Ghana, and frequently attitudes did not comply with human rights standards, demonstrating a need for training initiatives to combat stigma and discrimination and promote human rights.

Poster number	11
Presenter	Huseyin Mert Turhan
Job title and affiliation	PhD Student, University of Nottingham
Names and affiliations of co-authors	Khalisah Shoaib, Dr. John Tully, University of Nottingham; Dr. Elena Nixon, University of Nottingham.
Title of talk	Early maladaptive schemas in sex offenders and non-sexual violent offenders: A systematic review
Abstract	Sex offenders and non-sexual violent offenders display distinct cognitive distortions that shape their offences. Early maladaptive schemas, which reflect individuals' fundamental cognitions and beliefs, can contribute to cognitive distortions. However, the link between schemas and cognitive distortions has not been systematically appraised. We conducted a systematic review to synthesise the evidence regarding schema profiles of sex offenders and violent offenders, and to explore differences in schemas between these offender types. From 343 articles, eight studies met the inclusion criteria. Findings demonstrated that schema profiles of rapists and child sex offenders were distinguished only when paedophilic interests were involved. We also found that sex offenders held significantly more schemas containing negative perceptions of themselves and others than non-sexual violent offenders. This evidence suggests a need for a more fine-tuned understanding of the psychopathological profiles of both sex and violent offenders and the development of targeted treatment pathways for stratified subgroups.

Poster number	12
Presenter	Layla Clayton
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Names and affiliations of co-authors	Dr John Tully, Forensic Psychiatrist, Nottingham University
Title of talk	Gang membership and mental health, and its links to violence: A systematic review
Abstract	**Background**: Gang members are twice as likely to be a victim and a perpetrator of violence compared to non-gang members (Pyrooz et al., 2014). This victim-offender overlap suggests that gang members may experience mental health problems (Wood et al., 2014). **Purpose**: This study systematically reviewed the current evidence base examining the links between gang membership and anxiety, depression, and post-traumatic stress symptoms, and whether these mental health problems contribute towards violence perpetration. **Methods**: Five electronic databases and reference lists of relevant papers were searched. This yielded 4,674 hits. 2,011 duplicates were removed, leaving 2,663 studies to be screened against the inclusion criteria. Sixteen studies were included in the final analysis and the risk of bias in non-randomised studies – of exposure tool (ROBINS-E) was applied prior to synthesis.

	Results: Gang members experienced higher anxiety, post-traumatic stress symptoms and suicidality compared to non-gang members but, the results for depression were mixed. Whether gang membership and mental health problems impacted violence perpetration could not be determined due to a limited number of studies examining this. **Conclusions**: Gang members have more mental health needs than non-gang members, likely due to the victim-offender overlap. Gang members would benefit from tailored mental health support, especially when coming into the criminal justice system. Consequently, more studies are needed to establish the links between gang membership, mental health and violent perpetration to inform interventions and systemic support.

Poster number	13
Presenter	Eleni Frisira
Job title and affiliation	Academic Clinical Fellow, Institute of Mental Health, University of Nottingham
Names and affiliations of co-authors	Dr Josephine Holland (IMH, UoN), Professor Kapil Sayal (IMH, UoN)
Title of talk	Influence of relative age on the symptoms, diagnosis or management of attention deficit hyperactivity disorder and autism spectrum disorder: a systematic review
Abstract	Youngest students in their class, with birthdates just before the school entry cut-off date, are overrepresented among children receiving an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis or medications. This is known as a 'relative age' effect (RAE). The magnitude of this association varies and whether data reflect teachers' or parents' ratings of children's behaviours may be important. This systematic review summarises the evidence on how relative age influences rating of ADHD symptoms, diagnosis and medication prescribing. As no review to date has investigated the association with autism spectrum disorder (ASD), a different neurodevelopmental disorder usually diagnosed in childhood, this is also examined. After prospective registration with PROSPERO, a systematic review was conducted according to the PRISMA guidelines. The databases searched were Medline, Embase, Psychinfo, Wed of Science Core Collection, ERIC, Psychology and Behavioural Sciences Collection, and Cochrane Library. A meta-analysis of quantitative data was performed. Thirty-two studies were included. Thirty measured the RAE on ADHD and two on ASD. Four studies investigating parent-rated symptoms showed no association with relative age, whereas six of seven studies investigating teacher-rated symptoms did. Youngest children in their schoolyear were more likely to receive an ADHD diagnosis in fifteen of seventeen studies and more likely to receive ADHD medication in fourteen of seventeen. Risk ratios (RR) for diagnosis were higher in more recently published papers, ranging from 1.37 to 1.72. Both studies on ASD showed that youngest children in their schoolyear had higher rates of ASD diagnosis. RAE continues to be associated with clinical diagnosis and management of ADHD. Teachers are more likely to be influenced by relative age than parents

	when rating children's ADHD symptoms. It is important for clinicians to be aware of how this may contribute to the diagnostic process. More research is needed into the strength of the evidence for ASD.

Poster number	14
Presenter	Gamze Gizem Tekeli
Job title and affiliation	PhD Student, University of Nottingham/Institute of Mental Health
Names and affiliations of co-authors	Helen Miranda Knight2, Mohammad Zia Ul Haq Katshu1,3 1Institute of Mental Health, Mental Health & Neurosciences Division, School of Medicine, University of Nottingham; 2School of Life Sciences, University of Nottingham; 3Nottinghamshire Healthcare NHS Foundation Trust
Title of talk	Glutathione levels and psychopathology in schizophrenia spectrum disorders
Abstract	**Background**: Alterations in Glutathione (GSH) levels, a major antioxidant which scavenges reactive oxygen species (ROS) and peroxides, in the brain and blood have been reported in people with schizophrenia spectrum disorders (SSD). However, the relationship between GSH levels and symptoms of SSDs has not been comprehensively study. Our objective is to evaluate the relationship between GSH levels in brain and blood and symptom measures in SSD. **Methods**: We systematically reviewed and performed a meta-analysis of studies investigating correlations between GSH, GSH total (GSHt), reduced GSH (GSHr), and oxidized GSH (GSSG) levels in the brain and blood with symptom severity and cognitive dysfunction in individuals with SSD. **Results**: We found no correlation between GSH levels in the brain and any symptom clusters. However, there was a negative correlation between GSHt in blood and total symptom severity ($r = -0.168$, $p = 0.01$) and a trend towards negative correlation between GSHt in blood and negative symptoms ($r = -0.105$ and $p = 0.066$). Furthermore, we found a trend towards positive correlation between GSHt in brain and ideational fluency ($r = 0.416$, $p = 0.073$), while GSHt in blood was positively correlated with global cognitive score ($r = 0.279$, $p = 0.01$) and executive function ($r = 0.264$, $p = 0.004$) **Conclusion**: The levels of the antioxidant GSH correlate with negative symptoms and cognitive functions in SSD. Modulation of GSH levels represents an important target for the development of future treatments of these symptoms which are largely resistant to currently available treatments.

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