IMH Research Day 2025

FRIDAY 6TH JUNE 2025, 09:00 – 16:15

A FLOOR ROOMS, INSTITUTE OF MENTAL HEALTH
NOTTINGHAM, NG7 2TU

Chair: Dr Elena Nixon, **Co-chair:** Esther Loseto-Gerritzen

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IMH Research Day Abstract Booklet

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the institute of mental health
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11:00	**Engaging and involving the public in your research** Kate Horton - Public Involvement Lead
12:00	**Lunch break and poster viewing/voting**
13:00	**The effects of forest school on the mental health and wellbeing of children with neurodevelopmental, behavioural and emotional difficulties: a mixed-methods study** Caitlin McKenzie - Research Support Officer, Nottinghamshire Healthcare NHS Foundation Trust
13:30	**Meeting intimacy needs of older people in care homes – is this the final taboo? Results of a pilot study** Dr Rachael Carroll - Research Fellow, Institute of Mental Health, University of Nottingham ** Trigger warning: sex, sexuality and intimacy*
14:00	**Refreshment break and poster viewing/voting**
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15:15	**What Types of Courses are Offered by English Recovery Colleges and what does this tell us about them?** Simran Kaur Takhi - Research Assistant, School of Health Sciences, University of Nottingham
15.45	**Comfort break**
16:00	**Presentation of the following awards:** • The Craig Dixon memorial prize for Best Oral Presentation • Runner-up for Best Oral Presentation • The Peter Bartlett prize for Best Poster – voted for by the event delegates • IMH STAR Award 2025 - Best Contribution to Research Facilitation and Development • 2024 IMH Publication Awards
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KEY: * Trigger Warning

Welcome

We are delighted to welcome you to the Institute of Mental Health (IMH) 2025 Research Day.

This is our 12th IMH Research Day event, and we are looking forward to hearing highlights of the work of the Institute's doctoral candidates and early-career researchers.

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

For many of those attending today with an oral or poster presentation, this will be the first time they have ever presented their work in public. We're committed to keeping this event as a platform for nurturing and supporting up-and-coming research talent, and I am delighted that so many Institute colleagues are attending to listen to these debut presentations.

We continue our tradition of awarding prizes for our best oral and poster presentations, plus our STAR award to recognise excellence in research facilitation and delivery staff.

As ever, my thanks go to the organisers of this year's events: Dr Elena Nixon, Dr Esther Loseto Gerritzen, Fiona Carr, Darren Wright, Kate Horton, Chrissy Bailey, Lou Rudkin and the IMH's administrative team. 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 individual lunch bags 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 with that requirement (e.g. vegan, gluten free etc)

Toilets
Toilets are 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.

Tag us on BlueSky, LinkedIn or X!
We'll be posting from the Institute's social media accounts throughout the day – follow us **@institutemh** and use the **#IMHRD25** hashtag.

Photography
We'll be taking photos throughout the event to celebrate the Research Day. 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 will receive a link to complete an online feedback survey shortly after the event has finished. Certificates of attendance can be requested during completion of the survey.

Research Day prizes

Throughout the day, judging will be taking place for the following awards:

- **The Craig Dixon memorial prize for best oral presentation** – judged by the event's organisers.
- **The Peter Bartlett best poster prize** – voted for by the event delegates.
- **IMH STAR award** – 'Best Contribution to Research Facilitation or Delivery'

The winners of the 2024 Publication Awards will also be presented with their certificates at this year's event.
Categories include:

- Best overall publication
- Best publication when the author has published no more than six previous publications
- Best publication flowing from work during doctoral studies or as part of a doctoral dissertation
- Best publication by an employee of Nottinghamshire Healthcare NHS Foundation Trust who does not have a substantive contract with a university
- 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.

IMH Blog

What is the IMH blog?
If you have a topic you feel you can write about in approx. 750 words, and would be thought provoking or generate some new thinking in others, then please get in touch – we'd love to publish your 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 to help collate and publish blogs.
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

Plenary speaker

Plenary talk title: Interdisciplinary mental health: from philosophy to applied translational research

Plenary speaker: Professor Matthew Broome

Professor of Psychiatry and Youth Mental Health, and Director of the Institute for Mental Health at the University of Birmingham

Professor Matthew Broome is an academic psychiatrist and Director of the Institute for Mental Health at the University of Birmingham. He has PhDs in both Psychiatry and in Philosophy. He is Honorary Consultant Psychiatrist for the East Birmingham Early Intervention in Psychosis service and Director, NIHR Midlands Translational Centre, Mental Health Mission and Deputy Director Midlands Mental Health and Neuroscience PhD Programme and West Midlands Regional Research Delivery Network (RRDN) Mental Health Specialty Lead. He leads Wellcome, NIHR, EU and NIHR funded research and his research interests include youth mental health, the prodromal phase of psychosis, delusion formation, mood instability, functional neuroimaging, interdisciplinary methods, mental health humanities, and the philosophy and ethics of psychiatry.

In this talk Matthew will review some of the interdisciplinary research in mental health he has been involved in. He will cover some of his earlier work on delusion formation and on setting up the first UK clinical-academic service for the at-risk mental state for psychosis, and how this connected to his philosophical interest in delusions and rationality. Matthew's work in early intervention in psychosis developed to consider mood dysregulation transdiagnostically and also universal prevention in youth mental health and he will discuss this with an example of school-based antibullying interventions. For the final section of the presentation, Matthew will talk about recent work in phenomenology and psychopathology and projects looking at agency in mental health care consultations and epistemic injustice in healthcare.

Patient and Public Involvement

What is Patient and Public Involvement?

At the Institute we encourage Patient and Public Involvement (PPI) 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 these ideas and the research process beyond idea stage.

Within any grant application or bid, PPI will be expected and how you will do this work will be questioned. These early questions may 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 and have they been involved in early discussion?
- Who are your people in your PPI conversations and how are you communicating with them?
- How will you authentically involve those people in your research processes?

Good quality PPI 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 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 for this involvement in a respectful, meaningful way for everyone 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 value and mutual respect exists.

This year, the PPI session on the Research Day will be led by **Kate Horton our Public Involvement Lead** and the session will focus on practical knowledge in how to involve and engage with people well in your research. We know that there is a lot of information in the public domain about PPI. We also know taking the theory of PPI into practice can bring dilemmas and new considerations that aren't highlighted in broad theoretical training. Our short session will focus on some practical tips, audience interaction and hopefully an opportunity to build confidence on the subject of delivering PPI sympathetically, respectfully and meaningfully. The session will also have a Q & A space at the end for any further questions and dialogue the audience would like to explore on the day.

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 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. The services underpin healthcare practice, organisational management, research, quality improvement, lifelong learning and continuing professional development in the Trust. The Trust has a 'digital first' approach to library services to increase accessibility of resources and services to all.

Services include:

- An evidence search service.
- Training sessions on using e-resources.
- A large collection of books, ebooks and ejournals.
- Access to online databases and clinical decision-making tools.
- 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.
- Learning space at our libraries at Duncan Macmillan House, Mike Harris Centre at Rampton and Wathwood.

Please email LibraryService@nottshc.nhs.uk or call 0115 9529486 if you have any queries. For information about joining the library or to see more about the services provided, please visit the team's Connect (Intranet) pages or website pages.

Oral presentation abstracts

Time of presentation	**13:00**
Title of talk	**The effects of forest school on the mental health and wellbeing of children with neurodevelopmental, behavioural and emotional difficulties: a mixed-methods study**
Presenter	**Caitlin McKenzie**
Job title and affiliation	Research Support Officer - Nottinghamshire Healthcare NHS Foundation Trust
Names and affiliations of co-authors	Natalie Parks - University of Nottingham, Anne Emmerson - University of Nottingham, Bahar Tuncgenc - Nottingham Trent University, Darren Wright - Nottinghamshire Healthcare NHS Foundation Trust, Katherine Marshall - Crabtree Farm Primary School, Lauren Kinnersley - Into the Wild Wood FS programme, Madeleine Groom - University of Nottingham
Abstract	**Background:** As part of a Managed Innovation Network (MIN), a Forest School programme was delivered to children with developmental and socio-emotional difficulties in a socio-economically deprived area was evaluated. **Aims:** To investigate the impact the Forest School programme had on the children's wellbeing and what the barriers and facilitators were to the implementation of the Forest School programme at a local school. **Methods:** Self- and teacher-rated questionnaires, and structured observations during the Forest School sessions were completed at the start of the forest school programme and at two

	further timepoints. The questionnaires measured the children's mental health, quality of life and coping skills. The structured observations measured the children's motor, social, emotional, cognitive and motivational function. Parents, children, teachers and Forest School practitioners were interviewed to explore their perceptions of Forest School and its impact on the children. **Results:** The interviews showed a positive impact on the children's psychological wellbeing, including self-reliance and self-regulation. The Forest School also helped to build relationships, though some parents and children reported no differences. The interviews also showed the implementation of the programme was found to be successful. Children reported improved wellbeing over time, which was positively associated with the structured observations revealing improved emotional development and involvement. Teachers' reports did not capture these improvements, and instead revealed reverse trends in the children's peer relationships and prosocial behaviours over time. **Conclusion:** The Forest School programme had an overall positive impact on the children's subjective wellbeing, which corresponded to the parents' and researchers' observations.

Time of presentation	**13:30**
Title of talk	**Meeting intimacy needs of older people in care homes – is this the final taboo? Results of a pilot study**
Trigger warning	**This presentation contains reference to:** *sex, sexuality and intimacy*
Presenter	**Dr Rachael Carroll**
Job title and affiliation	Research Fellow, IMH, University of Nottingham
Abstract	**Background:** Sex, sexuality and intimacy are important throughout the lifespan but the subject is taboo for older people living in care homes. In 2021, 278,946 people aged 65 years and over lived in care homes in England and Wales. Although the regulatory body asserts care home managers should be able to explain how they support residents with intimacy needs, evidence-based guidance is limited. More needs to be known about this subject. **Aim:** To understand what is currently happening in care homes to support residents to meet sex, sexuality and intimacy needs. **Methods:** This was a qualitative study where twenty care staff were asked about when they had supported a resident to meet intimacy needs. These were thematically analysed. **Results:** Themes included staff reactions, consent and mental capacity, and environment. Care staff confirmed older adults continued to have intimacy needs despite societal expectations. This mismatch meant, when events of a sexual nature took place in the care home, societal views, expressed by staff, required recontextualising. Staff and relatives made judgements about a resident's sexual activities when mental capacity was reduced or fluctuating. This decision making was complex with very little guidance in policy, law, or consistency in advice from external agencies. **Conclusion:** Sex and sexuality is an important and underexplored area where staff have limited support and guidance. More research to explore such issues is necessary.

Time of presentation	**14:30**
Title of talk	**Boosting the effectiveness of neuromodulation treatments for depression and anxiety**
Presenters	**Yue Peng, Sue Fen Tan, Dr Lucy Webster**
Job title and affiliation	**Yue Peng:** MRes Medicine, Institute of Mental Health **Sue Fen Tan:** Academic Clinical Fellow Specialty Psychiatry Trainee 2, Institute of Mental Health, University of Nottingham **Lucy Webster:** Research Fellow- BRC Mental Health and Technology/Nottinghamshire Healthcare NHS Foundation Trust
Names and affiliations of co-authors	Jemima Shickle, PhD student, Institute of Mental Health, University of Nottingham Paul Briley, Clinical Assistant Professor in General Adult Psychiatry, Institute of Mental Health, University of Nottingham Richard Morriss, Professor of Psychiatry, Institute of Mental Health, University of Nottingham
Abstract	**Yue Peng:** Transcranial magnetic stimulation (TMS) is a non-invasive brain stimulation (neuromodulation) technique with proven efficacy for treating depression. However, its effects are limited by individual and condition-related heterogeneity, leading to unsatisfactory outcomes in many cases. As most patients only begin TMS after unsuccessful pharmacological and psychotherapeutic treatments, there is an urgent need to improve TMS outcomes. We conducted a scoping review exploring “augmentation strategies” for improving TMS outcomes. 57 articles met pre-specified inclusion criteria. Following data extraction and assessment of study quality, three broad categories of augmentation strategy were identified. These were: addition of non-neuromodulation treatments alongside TMS (N=16; adding medications, cognitive interventions, complementary therapies), additional TMS itself (N=37; additional TMS sessions, additional target brain areas, personalisation of treatment parameters), and addition of other forms of neuromodulation alongside TMS (N=4). We are conducting a study with people with mild-moderate depression to explore acceptability, and mechanisms-of-action, of an augmentation approach that delivers another form of neuromodulation alongside TMS. This second neuromodulation technique is called “transcranial alternating current stimulation” (tACS). tACS uses weak electric currents to stimulate the brain, with an alternating pattern that resembles brain waves (oscillations). TMS and tACS are combined with precise timing relationships. Early findings from this study, combined with our prior study in people without depression, suggest our dual approach has similar acceptability to TMS alone. However, dual neuromodulation leads to greater increase in markers of antidepressant effect (emotional bias and fronto-central theta brain oscillations), indicating it holds promise for improving TMS outcomes. **Sue Fen Tan:** Non-invasive brain stimulation (neuromodulation) techniques, including transcranial magnetic stimulation (TMS) and transcranial electrical stimulation (TES), can be used individually, or potentially in combination, for treating mental health conditions. While TMS has been approved in the UK for treating depression since 2015, public sentiment towards TMS, and other neuromodulation techniques, is largely unknown. Existing acceptability research primarily focusses on tolerability and side effects during a treatment course, but prospective acceptability (i.e., people's perceptions before receiving a treatment) is crucial for determining uptake of these innovative treatment options. This is the first study to explore the UK public’s initial impressions of TMS, TES, and their combination, for treating mental health conditions in young people and adults, and how demographic and clinical factors may influence these perceptions. A mixed-methods survey was developed, addressing seven domains of the Theoretical Framework of Acceptability: affective attitude, perceived burden, ethicality, intervention coherence, opportunity cost, perceived effectiveness, and self-efficacy. Participants, who may have limited knowledge of neuromodulation, are provided with short informational videos and infographics to aid understanding. The survey and informational resources were produced in close collaboration with our new Neuromodulation Experts-by-experience Advisory Team (NEAT). The survey has successfully undergone a pilot phase and will run until July 2025.

	Survey results will inform the design of future neuromodulation clinical trials (including patient and clinician information resources). Survey respondents can also express interest in follow-up focus groups, which will build on the survey findings to further develop our understanding of prospective acceptability of neuromodulation treatments. **Lucy Webster:** Anxiety disorders affect 301 million people worldwide, with resistance to psychotherapy, medications, or relapse common. Transcranial magnetic stimulation (TMS) is an approved treatment for mental health disorders. However, clinical response remains variable and additional neuromodulation techniques to boost TMS, including transcranial alternating current stimulation (tACS) may improve its efficacy. There is an established link of disrupted communication between prefrontal and parietal brain regions in anxiety. Therefore, this study explores the mechanisms of action of dual-device stimulation (TMS + tACS), delivered in synchrony to distinct brain regions – frontal and parietal cortex. tACS uses a sinusoidal waveform and it remains unclear whether delivering TMS pulses at the different phases of the waveform (peak, trough, ascend and descend) are important. In our healthy volunteer study, participants complete up to four experimental sessions, where they receive prefrontal tACS at the same time as parietal TMS, with the TMS pulses delivered at the peak, trough, ascend or descend of the tACS wave form. Outcomes of interest to assess potential anxiolytic effect include electroencephalography (EEG) to examine brain activity and coherence/communication between brain areas, visual analogue scales to indicate how calm or tense participants feel before and after stimulation, and heart rate variability to see how well the stress system is working. Very preliminary results indicate that the phase relationship between tACS and TMS may be important and could show promise for the treatment of anxiety disorders.

Time of presentation	**15:15**
Title of talk	**What Types of Courses are Offered by English Recovery Colleges and what does this tell us about them?**
Presenter	**Simran Kaur Takhi**
Job title and affiliation	Research Assistant. School of Health Sciences, Institute of Mental Health, University of Nottingham, UK
Names and affiliations of co-authors	Holly Hunter Brown (Health Service and Population Research Department, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, UK) Amy Ronaldson (Health Service and Population Research Department, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, UK) Vanessa Lawrence (Health Service and Population Research Department, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, UK) Merly McPhilbin (School of Health Sciences, Institute of Mental Health, University of Nottingham, UK) Benji Rose Ingall (School of Health Sciences, Institute of Mental Health, University of Nottingham, UK)
Abstract	**Background:** Recovery colleges (RCs) support people experiencing mental health issues through an adult education model which is co-produced by people with lived experience of mental health issues and those with mental health expertise. There are over 88 RCs operating in England. Each RC may be primarily oriented towards skills and knowledge development ('Strengths-oriented RCs') or towards strengthening community and social connections ('Community-oriented RCs). Research has not investigated what types of courses are offered and how course provision differs depending on RC orientation. The study aimed to develop a typology of RC courses and examine the relationship between type of course and RC orientation. **Methods:** A document analysis was conducted. The websites of 88 RCs in England were searched to collect online prospectuses. Overall, 2,330 courses described in 551 documents were

	collated. Thematic framework analysis was applied to the course titles and content descriptions to develop a typology of RC courses. **Results:** A typology of 14 superordinate course themes was created. The three most common course categories were Self-management of Wellbeing, Creativity and Mental Health Conditions and Symptoms. The least common course categories included courses for informal carers and accredited qualifications. Across the 14 themes, frequency of courses did not differ between Strengths-oriented versus Community-oriented RCs. **Conclusion:** RC provided diverse courses supporting mental health recovery. Community-facing and service-facing RCs offer mainly similar courses. Wellbeing is a high priority, as is equipping students with knowledge about living with mental health issues. Further cross-cultural extension of the typology is needed.

Poster presentation abstracts

Poster number	**1**
Title of poster	**Investigating the Relationship between Autism and Length of Stay for Forensic Inpatients with a Psychotic Disorder**
*Trigger warning	**This poster contains reference to:** *psychosis, forensic psychiatry and discrimination*
Presenter	Serenna Rosetta Ferguson
Job title and affiliation	Forensic Psychology Doctoral student UoN
Abstract	Forensic inpatients with psychosis have a longer length of stay in secure hospitals than other patients. There is also an overrepresentation of people with autism or psychosis in forensic settings and the research demonstrates an increased likelihood of autistic people having a psychiatric co-morbidity. There is a gap in the research on how autism, specifically, may impact length of stay for patients diagnosed with psychosis in forensic settings. This is a serious concern given the number of patients with autism in forensic mental health settings. This research project focuses on exploring the relationship between autism and length of stay in forensic hospital, for patients diagnosed with psychosis, and will provide practitioners with insight into the association between these factors and whether adaptations need to be made to the treatment pathway for this cohort.

Poster number	**2**
Title of poster	**Public Perceptions of Adults with Minor Sexual Attraction**
*Trigger warning	**This poster contains reference to:** *child abuse, paedophilia/hebephilia, victim blaming*
Presenter	Holly Coulson
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Names and affiliations of co-authors	Harriet Dymond, Simon Duff, University of Nottingham
Abstract	This study used semi-structured interviews on a volunteering sample of the public to determine how they perceived paedophilic and hebephilic relationships, and whether the ages of the perpetrator and the victim will influence these perceptions.

	There were six vignettes used that detailed three paedophilic and three hebephilic relationships and participants were asked to discuss their views towards these relationships. The data was analysed using thematic analysis. On the whole, paedophilic and hebephilic relationships were viewed negatively. Participants detailed why they think a perpetrator gets involved in these relationships and a child's lack of understanding as the reasons they hold this perspective. However, there was more victim-blaming shown towards the post-pubescent children detailed in the hebephilic vignettes, with participants showing a level of understanding as to why these relationships occur. Younger perpetrators (18 years old) were also viewed less negatively when compared to older perpetrators. Moreover, participants credited parents, social media and the current stereotypes seen in today's education as factors that contribute to the prevalence of these relationships. These findings call for a development in the education currently available to the public regarding paedophilic and hebephilic relationships as well as emphasising a need for a more secure age verification system across social media platforms.

Poster number	**3**
Title of poster	**Understanding the Psychosocial Impacts of Parental Imprisonment for Violent and Sexual Offences: A Qualitative Story Completion Research**
*Trigger warning	**This poster contains reference to:** *parental imprisonment, sexual and violent offences, adverse childhood experiences*
Presenter	Kyra Wardle
Job title and affiliation	Trainee Forensic Psychologist
Names and affiliations of co-authors	Dr Elizabeth Paddock
Abstract	According to the Council of Europe Annual Penal Statistics (Aebi et al., 2023), it is estimated that over 100,000 children in England and Wales are separated from their parents due to parental imprisonment. Parental imprisonment is recognised as an adverse childhood experience (ACEs) (US Department of Health and Human Services, 2011) which can impact the families and children associated. Previous research found that parental imprisonment can increase a child's risk of mental health problems, antisocial behaviour, criminality, and substance misuse in comparison to children who do not experience parental imprisonment (Manby et al., 2014; Murray, 2005; Murray et al., 2007). Having a parent in prison can also increases a child's exposure to other ACEs, exacerbating the adverse impacts on children further (Beresford et al., 2020).

Poster number	**4**
Title of poster	**Experiences of vicarious post-traumatic growth among staff that work with children and/or young people who present with a forensic risk**
Presenter	Christie Fletcher
Job title and affiliation	Doctorate of Forensic Psychology Student, Institute of Mental Health
Names and affiliations of co-authors	Christie Fletcher and Dr Elizabeth Paddock, Institute of Mental Health
Abstract	Working in forensic settings naturally comes with challenges, such as being exposed to, and not limited to, distressing narratives, high-risk situations, and complex trauma histories. Vicarious trauma refers to the development of trauma from indirect exposure of traumatic material, likely to also be highly prevalent within forensic settings. While much of the existing research looks at the negative impacts of this exposure, researchers have started to recognise positive changes that someone might experience from it, such as growth and resilience. This is referred to as posttraumatic growth. Vicarious posttraumatic growth builds upon the term 'posttraumatic growth' and highlights similar experiences of positive change when either being directly or indirectly exposed to traumatic situations.

	The body of research around vicarious posttraumatic growth remains limited, with a gap in the literature around the experiences of vicarious posttraumatic growth among staff who work with children and/or young people that present with forensic risk.

Poster number	**5**
Title of poster	**Unlocking the Minds: Exploring Perceptions towards Personality Disorders**
*Trigger warning	**This poster contains reference to:** *personality disorders, mental health stigma, professional bias*
Presenter	Chloe Elliott
Job title and affiliation	Trainee Forensic Psychologist
Names and affiliations of co-authors	Dr John Tully & Dr Daniel Whiting
Abstract	**Introduction:** Individuals with personality disorders are often perceived as particularly challenging, often impacting mental health professionals emotionally and psychologically. Literature to date has focused on borderline personality disorders and has primarily used quantitative research methods. Nevertheless, there is limited research exploring interrelationships between individual personality traits and the influence this has on perceptions and attitudes towards personality disorders. **Aim:** The aim of this study is to explore clinical staff attitudes and knowledge towards individuals diagnosed with a personality disorder or those displaying extreme personality difficulties. It also seeks to investigate the potential association between the personality characteristics of clinical staff and their attitudes towards personality disorders. **Method:** This study has two elements, the first is quantitative, within-subjects, and has a questionnaire design. Aimed towards professionals currently or previously engaged in working with individuals with personality disorders, exploring demographics, education, knowledge and understanding. This study also assessed attitudes using the Attitudes to Personality Disorder Questionnaire (APDQ) and individual personality traits through the NEO-Five Factor Inventory. Snowball sampling has been used, and analysis will utilise SPSS software and is predicted to use correlations and regression analysis. The secondary element is qualitative and offers the opportunity for participants to complete either face-to-face or online informal interviews providing in-depth recollections of their experiences. Analysis will utilise thematic analysis. **Results:** Professionals personality traits are likely to play a significant role in shaping their attitudes towards individuals with personality disorders. Specifically, traits such as openness and agreeableness will correlate with more positive attitudes, whereas traits such as neuroticism are likely to be associated with more negative perceptions. Additionally, greater knowledge and understanding regarding personality disorders is also likely to foster more empathetic perspectives.

Poster number	**6**
Title of poster	**How is trauma-informed care conceptualised in UK mental health services? A systematic scoping review (Preliminary finding)**
*Trigger warning	**This poster contains reference to:** *trauma, mental health services, self-harm*
Presenter	Ma. Lourdes Casingcasing
Job title and affiliation	PhD student

Abstract	**Introduction:** This study investigates the implementation of Trauma-Informed Care (TIC) across three UK National Health Service Trusts: Cambridgeshire and Peterborough Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, and Lincolnshire Partnership NHS Foundation Trust. It evaluates how TIC impacts mental health care delivery and outcomes for professionals and researchers, focusing on challenges, enablers, and practical insights. **Methods:** Grey documents, including policy reports, training materials, were sourced via Freedom of Information requests, manual search and NHS staff collaboration. Sixty documents were screened using a 'Population, Concept, and Context' (PCC) framework, yielding 46 eligible sources. Data were analysed in NVivo using deductive and inductive approaches to identify concepts related to TIC. **Results:** The analysis of how TIC is conceptualised across three NHS trusts identified key themes. Cambridgeshire and Peterborough Foundation Trust focused on collaborative trauma-informed training and trauma-informed formulation, emphasising empowerment and personalised care. Nottinghamshire Healthcare NHS Foundation Trust highlighted the limited accessibility of trauma-related resources, evolving implementation of TIC strategies, and partial integration of TIC principles into policies. Lincolnshire Partnership NHS Foundation Trust identified trauma-informed mental health growth, emphasising the biological and psychological impacts of trauma. Across all trusts, gaps in consistent training, resource accessibility, and comprehensive policy alignment with TIC principles were evident. **Conclusion:** The review highlights that conceptual clarity in defining trauma and TIC principles is critical for effective implementation, which requires trust-building relationships between service users and providers. However, systemic barriers hinder widespread adoption, including fragmented policies, training gaps, and inconsistent funding. Scaling TIC demands cultural shifts in staff understanding of trauma's impact, standardised practices, including the Substance Abuse and Mental Health Services Administration's Four Rs, and leadership commitment to ensure equitable care and measurable outcomes like reduced self-harm and improved well-being.

Poster number	**7**
Trigger warning	**This poster contains reference to:** *child sexual abuse, minor attraction, stigma*
Title of poster	**Investigating the impact of narrative humanisation on the public's punitive attitudes towards offending and non-offending Minor Attracted Persons (MAPs)**
Presenter	Penelope Mary McClatchey
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham DForenPsy 2022 cohort
Names and affiliations of co-authors	Dr Simon Duff (supervisor)
Abstract	Despite a growing evidence base indicating otherwise, there remains a common misconception that all Minor Attracted Persons (MAPs) are child sex offenders, and vice versa. As a result of the subsequent stigmatised and punitive attitudes perpetuated by the general public, many MAPs experience poor mental health and wellbeing, as well as a reluctance to seek professional support due to fears of their attractions being revealed to society, highlighting a significant need for anti-stigma interventions for the general public. This study aimed to investigate the impact of narrative humanisation (NH), first- and third-person perspective, and the descriptions of offending vs non-offending MAPs on punitive attitudes towards the MAP community. 179 participants recruited via social media were presented with one of a possible eight vignettes, and were subsequently asked to complete a questionnaire measuring their punitive attitudes towards MAPs. Statistical analyses were performed on the data, indicating no statistically significant difference in responses between conditions, regardless of how information was presented. There was

	also no difference in responses between different genders and age groups. Results are discussed in conjunction with previous findings regarding anti-stigma interventions and effective modalities for reducing punitive and stigmatised attitudes towards MAPs. Limitations, implications, and recommendations for future research are also discussed.

Poster number	**8**
Title of poster	**Exploring the Experiences of Foreign National Patients in a Medium and Low Secure Psychiatric Hospital**
*Trigger warning	**This poster contains reference to:** *forensic psychiatry, involuntary detention, immigration status discrimination*
Presenter	Keren Teichmann
Job title and affiliation	Trainee Forensic Psychologist - Doctorate in Forensic Psychology Top-Up, School of Medicine, University of Nottingham.
Names and affiliations of co-authors	Professor Mohsen Tavakol – Professor of Psychometrics and Medical Education, School of Medicine, Education Centre.
Abstract	**Purpose:** There is no research conducted at present that explores the experiences of foreign national offenders (FNO) within secure hospital settings in the UK. The primary goal of this study was to compare wellbeing outcomes between Foreign National and British National patients. **Methods:** This research involved patients currently detained under the Mental Health Act (MHA) 1983 at a medium and a low secure psychiatric hospital. All 126 patients were approached and invited to participate in the study. Fifty-one patients completed the Mental Health Quality of Life (MHQoL) questionnaire, developed by Van Krugten et al. in 2021. Additionally, the study collated existing data that is routinely measured in these hospitals, specifically the Clinical Outcomes in Routine Evaluation 10 (CORE-10) as devised by Barkham and colleagues in 2013. Interpreters were used via MS Teams to support patients who did not speak English to review research documents and complete the questionnaire. **Results:** Non-parametric testing is being completed on SPSS. Preliminary results show no significant differences between the groups. **Conclusions:** Preliminary results show no statistically significant difference in the wellbeing of Foreign National patients to British Nationals. Future research should aim to increase the sample size to improve statistical power.

Poster number	**9**
Title of poster	**Violence-related physical injury in inpatient mental health services**
*Trigger warning	**This poster contains reference to:** *workplace violence, physical and emotional trauma, mental health services*
Presenter	Rabab Sana
Job title and affiliation	Forensic Psychologist in Training
Abstract	**Background:** High incidence of physical injuries among staff working in forensic inpatient mental health services. Physical injuries are caused through both direct violence (injury sustained during physical contact by patient with the intention to harm) and indirect violence (injury sustained during restraint and containment efforts). The impact of both direct and indirect violence-related injury is associated with significant costs in relation to staff wellbeing,

	turnover, and absenteeism. However, our understanding of how staff experience injurious incidents emotionally and their perceptions about the support they receive is currently lacking. Understanding this is essential to promoting a safer and supportive work environment. **Research Questions:** Study 1: What are forensic staff perceptions and emotional experiences following a violence-related physical injury? Study 2: What organisational support is available and helpful to staff following physical injury? **Method:** Recruitment: Participants who were physically injured through inpatient violence or had directly been involved in an injurious incident but not injured directly themselves were invited to participate in this study. Participants were required to be currently or previously employed within an inpatient forensic mental health service with Nottinghamshire Healthcare NHS Foundation Trust. Analysis: Semi-structured interviews were conducted via Microsoft Teams (n=10). Thematic analysis was used to analyse interview transcripts. Each transcript was repeatedly read and coded. Initial themes were developed. **Findings:** Key findings from initial analysis highlight the following broad emerging themes: Study 1: Emotional Suppression, Minimisation, Guilt and Self-blame, Impact on Relationships, Detachment, Stress response Study 2: Differing support needs, Peer support, Organisational structures as barriers, Guilt as a barrier, Intrinsic resilience, and Duty of care. **Implications:** Gaining an understanding of staff's emotional experiences and how they perceive available support following an injurious incident highlights key areas of prevention and management. Findings from these studies could be used to develop an empirical basis for incident debriefing and standardised training in the management of staff injury.

Poster number	**10**
Title of poster	**Perceived Ethnic Discrimination and Wellbeing in Black and Ethnic Minority (BME) Forensic Healthcare Professionals**
*Trigger warning	**This poster contains reference to:** *racism and discrimination, burnout, workplace trauma*
Presenter	Vanessa Marcussen
Job title and affiliation	Trainee Forensic Psychologist - University of Nottingham
Names and affiliations of co-authors	Mohsen Tavakol - University of Nottingham
Abstract	**Introduction and Aim:** There is limited research examining the experiences of Black and Minority Ethnic (BME) Forensic Healthcare Professionals (FHCP) working within forensic mental health hospitals, particularly in relation to perceived ethnic discrimination and its impact on professional quality of life. Existing research indicate that race related stress can lead to the development of burnout among black nursing assistants and black mental health therapists, yet the intersection of perceived ethnic discrimination, wellbeing and professional outcomes remains under-explored. This study aims to address this gap by investigating the relationship between perceived ethnic discrimination, burnout, compassion satisfaction, and secondary traumatic stress among BME staff working in secure forensic hospitals in the UK. **Methods:** This study adopts a cross-sectional design. It uses an online survey to explore the relationship between perceived ethnic discrimination using the Perceived Ethnic Discrimination Questionnaire (PEDQ), and professional quality of life, using the

	Professional Quality of Life scale (ProQoL-5). Additional demographic data, including ethnicity, gender, age, profession, qualifications, and years of service, are collected to explore potential moderating factors. Participants are recruited via purposive and convenience sampling using social media platforms. **Anticipated Results and Contribution:** From the existing research, it is hypothesised that higher scores on the perceived ethnic discrimination questionnaire is likely to correlate with increased burnout, reduced compassion satisfaction, and lower professional quality of life among BME FHCP. It is hoped that by investigating these dynamics, the study will contribute valuable insights into the experiences of BME healthcare professionals working in secure forensic hospitals and will provide recommendations for interventions and targeted support for the specific needs of BME FHCP to improve overall wellbeing and professional quality of life.

Poster number	**11**
Title of poster	**Sexual and Physical assault at Universities and Colleges in the UK and in Italy**
*Trigger warning	**This poster contains reference to:** *sexual assault, physical violence, institutional neglect*
Presenter	Michela Sartori
Job title and affiliation	Trainee Forensic Psychologist
Names and affiliations of co-authors	Prof Kevin Browne, University of Nottingham Dr Lauren Cooper, City St George's, University Of London
Abstract	Sexual and physical assaults of university and college students have been the subject of a considerable amount of research (mainly in the US) over the last 40 years. Given that US universities mainly use a campus system, results there are not readily transferable to the UK system. In the UK, Against Violence & Abuse (2022) ran a nationwide survey that indicated that 62% of 342 responders experienced sexual misconduct whilst at University, that this experience negatively impacted on their wellbeing and that 70% of them did not disclose this to anyone at university. In Italy, on International Women's day (8 March 2024), Unione degli Universitari (UDU), presented the first 1500 answers to a questionnaire sent to all Italian universities. These revealed that many students reported experiencing sexual assaults and that it was almost considered 'the norm'. Many did not report the due to fearing the consequences, and only a small percentage reported being aware of the supporting services available to them. When considering actual physical assaults, research appears to be in its infancy as the predominant interest has been on sexual violence. This study aims to understand how many students in UK and Italy are victims of sexual or physical assault at university/college and whether and how they reported the experience and the support they received. For those who decided not to report what happened to them, the aim is to understand why they had decided against seeking help from the educational institutions as this information might be informative in the drafting of policies to prevent this from happening again.

Poster number	**12**
Title of poster	**Exploring Attachment Styles and Compassion Fatigue in Staff Members Working in Forensic Services: A Cross-Sectional Study**
*Trigger warning	**This poster contains reference to:** *compassion fatigue, secondary trauma, workplace mental health*
Presenter	Florence Ridler
Job title and affiliation	Forensic Psychologist in Training currently studying DForenPsy at the University of Nottingham

Names and affiliations of co-authors	Elizabeth Paddock - Associate Professor of Forensic Psychology and Katy Jones - Assistant Professor, Faculty of Medicine & Health Sciences
Abstract	Professionals working in forensic settings, such as prisons and secure psychiatric hospitals, face emotional challenges that elevate the risk of compassion fatigue; defined as burnout, secondary traumatic stress, and reduced compassion satisfaction. Attachment theory asserts that early relational experiences shape adult attachment styles, which influence stress regulation and interpersonal functioning. Although insecure attachment is common among forensic service users, its impact on staff wellbeing remains underexplored. This cross-sectional study examines the relationship between adult attachment styles and compassion fatigue among forensic staff in the UK. Participants will have at least six months' experience working directly with service users in the past decade. Data will be collected via an online survey that includes the Attachment Style Questionnaire (ASQ), the Professional Quality of Life Scale (ProQOL), and demographic and occupational measures. Descriptive statistics will summarize sample characteristics and correlational analysis will assess associations between ASQ subscales and ProQOL dimensions. Multiple linear regression will identify predictors of secondary traumatic stress, and compassion satisfaction. ANOVA or MANOVA will explore differences across staff roles. It is expected that anxious and avoidant attachment styles will correlate with higher burnout and secondary traumatic stress, and lower compassion satisfaction. Findings may inform attachment informed training and wellbeing strategies in forensic settings.

Poster number	**13**
Title of poster	**Types and impact of bias within the assessment of personality disorders: A systematic review**
Presenter	Sophie Turner
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Abstract	Bias significantly influences clinical decision-making (Featherston et al., 2020), particularly in the assessment and diagnosis of personality disorders (PDs). Gender stereotypes and other forms of bias can increase assessment and diagnostic error, leading to ineffective or delayed treatment. The current review aimed to systematically review all types of researched bias within the assessment of PDs and explore the impact of assessor profession. **Methods:** Four databases, three journals and grey literature were searched systematically using a PECO framework. Sample characteristics, bias type, primary aims, findings and method of vignette creation are reported. Study quality was assessed using the Critical Appraisal Skills Programme (CASP) tool. **Results:** Sixteen studies met the inclusion criteria, all utilising an experimental vignette methodology, providing quantitative results. Six personality disorders were explored, and six main bias types emerged. These included gender, clinician attitudes, ethnicity, sexual orientation, patient demographics and anchoring bias. Gender was most prominent with Antisocial and Borderline PDs being most vulnerable to this. Eleven studies used psychologist samples and over two thirds of these findings were significant. **Conclusion:** Gender stereotypes appear to impact PD assessments, particularly for BPD and ASPD. However further research is needed to identify differences in bias between professions. Studies should utilise more naturalistic designs, explore the impact of dimensional approaches to assessment and make adaptations to vignettes where needed. Teaching should be tailored to profession groups and embedded within training routes to reduce future risk of bias in clinical practice.

Poster number	**14**
Title of poster	**Exploring the pornography and masturbation practices amongst the UK incel community: A comparison with non-incel identifying males from the general population**
*Trigger warning	**This poster contains reference to:** *problematic pornography use, incel ideology, sexual behaviour and mental health*
Presenter	Shannay McGarry
Job title and affiliation	Trainee Forensic Psychologist, University of Nottingham
Names and affiliations of co-authors	Dr Simon Duff, University of Nottingham
Abstract	It has been suggested we do not see more incel-related violence due to incel's engagement with virtual worlds (i.e., pornography) via the Male Sedation Hypothesis (Costello & Buss, 2023). However, to the author's knowledge no research to date has investigated pornography use amongst incels. Therefore, the current project disseminated an online survey exploring masturbation practices, online pornography use (including the Problematic Pornography Consumption Scale-6, PPCS-6, Bőthe et al., 2021b; Pornography Use Motivations Scale, PUMS, Bőthe et al., 2021a) and incel trait identification (Incel Traits Scale, ITS, Scaptura & Boyle, 2020) amongst 181 heterosexual men in the UK (92 incels, 89 non-incels). In terms of the past six months, 76.1% of incels scored above the cut-off for problematic pornography use, compared to 24.7% of non-incels. Statistical analyses revealed incels scored significantly higher on the PPCS-6 than non-incels, and there were significant positive correlations between the PPCS-6 and ITS scores amongst incels. While there were no significant correlations between PUMS and ITS scores amongst incels, there were some significant differences in the motivations behind online pornography use between incels and non-incels. Additionally, Mann-Whitney U tests revealed some significant differences in the type of online pornography consumed between incels and non-incels. Therefore, the present investigation indicates there are some significant differences in the way incels engage with online pornography compared to non-incels in the UK. Future research should seek to replicate these findings and consider exploring incel's experiences of using online pornography and whether such use is associated with certain characteristics.

Poster number	**15**
Title of poster	**TrueBlue App for monitoring Mental Wellbeing in Pregnancy and Postpartum - lessons from the pilot study**
*Trigger warning	**This poster contains reference to:** *perinatal mental health, postpartum depression*
Presenter	Dr Raquel Mesquita-Ribeiro
Job title and affiliation	Research fellow, MHCN, IMH, School of Medicine, University of Nottingham
Names and affiliations of co-authors	Krishnan, Deepa2; Butler, Debbie1; Nixon Neil1,2 - 1-School of Medicine, University of Nottingham; 2- Nottinghamshire NHS Healthcare Foundation Trust
Abstract	There is strong evidence that the pregnancy and postpartum periods are particularly susceptible to mental health problems such as depression and anxiety. It is estimated that about 1 in 10 women who are pregnant or have just given birth experience depression. This is of major concern as it can have devastating consequences, not only for the individual but also for the infant and family. Current methods for the diagnosis of depression and anxiety are not only subjective, costly, difficult to reproduce, but also extremely time consuming. Machine learning models now present the possibility of automated, objective assessment, at the convenience of patients, potentially leading to earlier detection and enhanced outcomes for clinical problems. This clinical study investigates the safety, feasibility and acceptability of a mobile phone base app – TrueBlue – for monitoring and early detection of depression and anxiety in the

	perinatal period. To this end, adult participants from 12 weeks of pregnancy up to 12 weeks after giving birth will complete weekly audiovisual tasks within the app, specifically designed to enable real-time, automatic machine learning – generated predictions of mood state. Participants will also be prompted to self-complete biweekly depression and anxiety measures in app over the duration of the study (12 weeks). The study comprises a main study phase (up to 125 participants, including those with current depression and anxiety diagnosis), preceded by a pilot phase (12 healthy participants) which, among other aspects, explores facilitators and barriers to recruitment in this vulnerable population.

Poster number	**16**
Title of poster	**Moral Injury among Forensic Healthcare Professionals: A Mixed-Method Study**
Presenter	Ana Alves
Job title and affiliation	Trainee Forensic Psychologist
Names and affiliations of co-authors	Dr Elizabeth Paddock - Associate Professor of Forensic Psychology Dr Katy Jones - Assistant Professor, Faculty of Medicine & Health Sciences
Abstract	**Background:** Healthcare professionals (HCPs) in forensic psychiatric hospitals face significant moral challenges, including patient violence, restraint procedures, and self-harm management, while balancing care and security. These stressors can lead to moral injury (MI), a psychological distress stemming from actions violating personal moral beliefs, associated with psychological difficulties. Research on MI in this population remains limited. **Aims:** This study aimed to identify specific potentially morally injurious events (PMIEs) experienced by HCPs working in UK forensic psychiatric hospitals, explore factors increasing MI risk, and examine its impact on wellbeing. **Methods:** A mixed-methods online survey was conducted with HCPs working in patient-facing roles (nurses, psychiatrists, healthcare assistants, etc.). Participants completed the Moral Injury Exposure and Symptom Scale-Civilian (MIESS-C) and the Professional Quality of Life Version 5 (ProQoL-5). To identify the specific PMIEs experienced by participants, the survey also included free text space. Data was analysed using descriptive statistics, multiple regression for the relationship between PMIE exposure and MI symptoms, and content analysis for qualitative PMIE descriptions. **Results:** A Spearman's rank-order correlation was conducted to assess the relationships between moral injury, compassion satisfaction, burnout, and secondary traumatic stress. There was a small but significant negative correlation between moral injury scores and burnout, rs = –.24, p = .037, and between moral injury scores and secondary traumatic stress, rs = –.23, p = .045, indicating that higher levels of moral injury were associated with decreased levels of burnout and secondary traumatic stress. No significant correlation was found between moral injury scores and compassion satisfaction, rs = –.03, p = .811. A deductive content analysis identified various sources of PMIEs among this sample, which were consistently mapped onto the three overarching "third-order concepts" proposed by Webb et al.'s (2024) model: between profession and system, between principles and practices and between relations with patients and relations with others.

Poster number	**17**
Title of poster	**Understanding User Experience of Mood Monitoring and EMA in Bipolar Disorder and Depression: A Systematic Review and Qualitative Meta-Synthesis**
Presenter	Georgina Shajan, Daljit Purewal

Job title and affiliation	Medical Students at the University of Nottingham. Affiliation: Institute of Mental Health, Nottingham, United Kingdom.
Names and affiliations of co-authors	Dr Shireen Patel, Affiliations; Institute of Mental Health, Nottingham, United Kingdom, NIHR ARC East Midlands, Nottingham, United Kingdom. Dr Laurence Astill Wright, Affiliations; Institute of Mental Health, Nottingham, United Kingdom, Centre for Academic Mental Health, Bristol, United Kingdom. Professor Richard Morriss, Affiliations; Institute of Mental Health, Nottingham, United Kingdom. Mr Matthew Moore, Affiliations; Institute of Mental Health, Nottingham, United Kingdom; NIHR MindTech Medical Technology Collaborative, Nottingham, United Kingdom.
Abstract	**Aims:** This systematic review and qualitative meta-synthesis explored the user and clinician experiences of mood monitoring and Ecological Momentary Assessment (EMA) in individuals with bipolar disorder (BD) and depression. The review aimed to identify barriers, facilitators, adverse effects, and intended purposes of EMA, with a focus on usability, acceptability, and user preferences. The overarching goal was to inform the development of future digital mental health interventions that are user-centred and clinically meaningful. **Methods:** A comprehensive systematic review and meta-synthesis of qualitative studies was conducted (PROSPERO: CRD42023396473), incorporating first-, second-, and third-order constructs using Noblit and Hare's meta-ethnography framework. Eight electronic databases were searched. Studies exploring the perspectives of individuals with BD or depression, and clinicians involved in EMA/mood monitoring, were included. Risk of bias was assessed, and findings were validated through consultation with individuals with lived experience and psychiatrists. **Results:** From 23,515 records, thirty-four studies were included (20 related to BD, 14 to depression), featuring a range of EMA protocols and settings. Shared themes included the psychological burden of monitoring, factors influencing engagement, challenges related to clinical use, concerns around data privacy and control, and desired features for improvement. Personalisation, autonomy, and simplicity were consistently valued across studies. EMA was often favoured for personal insight and self-management rather than integration into formal clinical settings. Notably, adverse effects—such as mood deterioration and unwanted reminders of illness—were common, particularly in both BD and depression cohorts. **Conclusions:** Key factors influencing engagement, usability, and acceptance of EMA tools were identified. Users highly valued personalisation, customisability, and control over their data, often preferring EMA as a self-management aid rather than for formal clinical use. Adverse effects, such as mood worsening or EMA acting as an unwelcome reminder of illness, were commonly reported, indicating a need for therapeutic elements within these tools. Flexibility and minimal disruption to daily life were priorities. This review highlights the importance of co-designing EMA tools with users, emphasising low burden, customisability, and integration of supportive features to reduce harm. Recommendations include passive data collection, enhanced user control, and further quantitative research to optimise engagement, safety, and effectiveness.

Poster number	**18**
Title of poster	**Exploring the implementation of the Child First approach and Trauma-Informed ways of working within the Youth Justice Service.**
*Trigger warning	**This poster contains reference to:** *youth offending, trauma-informed care, criminal justice system*
Presenter	Sophie Woolnough

Job title and affiliation	Trainee Forensic Psychologist, DForenPsy student
Names and affiliations of co-authors	Dr Elizabeth Paddock, Research Supervisor, Doctorate in Forensic Psychology Course Director
Abstract	Child First has become the guiding principle of the Youth Justice Board (YJB), built upon the notion of "Children First, Offenders Second", the original principle which challenged the "anti-child" elements of youth justice (Goldson, 2000). Child First serves two purposes, to identify and tackle causes of offending and to identify and promote desistance through prosocial and positive behaviour. Furthermore, it calls for Youth Justice Service (YJS) teams to align more with gaining a holistic understanding of the child and their offending, viewing their situation as being intertwined with contextual factors and social circumstances, thus promoting trauma-informed ways of working (Smith and Gray, 2019). Child First and trauma-informed working challenges the existing risk-focused, adult-centric approach to addressing the YJB aims of preventing offending and reoffending in children. Evidence bases for being risk-focused led is questionable within the entire context of the Criminal Justice System, research has found that this can be particularly damaging for children (McAra & McVie, 2010). Whilst the importance of implementing Child First and trauma-informed working is recognised theoretically, practically there are challenges to its adoption in YJS teams. This research seeks to explore how the intended models and frameworks of practice are currently understood and incorporated within the YJS. This will outline where efforts need to be directed to increase their practical implementation. Unless urgent attention is given to how this can be operationalised, the concern that the Child First approach and trauma-informed working will not progress past policy or strategy guidance will remain.

Poster number	**19**
Title of poster	**Navigating institutional logics: an ethnography of mental health peer support worker implementation**
*Trigger warning	**This poster contains reference to:** *mental health services, workplace stress*
Presenter	Ashleigh Charles
Job title and affiliation	PhD Student, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK
Names and affiliations of co-authors	Alison Edgley, School of Health Sciences, University of Nottingham, Nottingham, UK Yasu Kotera, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK; Center for Infectious Disease Education and Research, Osaka University, Japan Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK; Faculty of Nursing and Health Sciences, Health and Community Participation Division, Nord University, Namsos, Norway
Abstract	Peer support worker (PSW) roles are increasingly implemented in UK mental health services. While existing studies suggest organisational culture (OC) significantly influences PSW role success, theoretical clarity on what constitutes OC in this context remains lacking. A qualitative ethnographic approach was used, with data collected over five months through 432 hours of non-participant observation, 13 semi-structured interviews, informal interviews, and 68 documents and artefacts. The study identifies three intersecting and sometimes competing institutional logics shaping PSW implementation: managerial, therapeutic, and professional. Two key mechanisms - time and risk - intersect with these logics, revealing tensions and alignments affecting PSW implementation. Time emerged as a critical factor influencing role boundaries and interactions. PSWs facilitated swift, meaningful service-user connections, alleviating clinicians' time pressures and allowing them to focus on their expertise and increasing resource constraints. Similarly, PSWs offered an alternative perspective on risk, enhancing overall risk management and supporting clinicians in their roles. Three processes helped navigate competing institutional logics: (1) eliminating, (2) reframing, and (3) reassigning. Despite

	challenges, such as the limited number of PSWs, findings suggest that PSWs help mitigate systemic constraints, particularly in austerity-impacted environments. This study is the first to apply institutional logics to PSW implementation, offering an in-depth theoretical understanding of how aspects of OC influence their implementation. Two key recommendations are proposed: (1) organisations should establish clear guidelines defining how PSWs operate differently from other team members to preserve their unique contributions - especially regarding risk and time - and (2) managers should be trained to adapt team processes to support PSWs, fostering a collaborative environment that maximises their impact.

Poster number	**20**
Title of poster	**Combining neuromodulation techniques for mental health conditions: is two better than one?**
*Trigger warning	**This poster contains reference to:** *mental health*
Presenter	Jemima Shickle
Job title and affiliation	PhD Student, Institute of Mental Healthy (IMH), University of Nottingham (UoN); Nottingham NIHR Biomedical research council (BRC)
Names and affiliations of co-authors	Alexander Axford (UoN, Nottingham University Hospitals NHS Trust), Sue Fen Tan (IMH, UoN, Notts Healthcare (NottsHC), Lucy Webster (IMH, NottsHC), Richard Morriss (IMH, UoN, NottsHC, Nottingham NIHR BRC, NIHR Applied Research Collaboration East Midlands, NIHR MindTech Health Technology Collaboration), Paul M Briley (IMH, UoN, Nottingham NIHR BRC)
Abstract	Non-invasive brain stimulation (neuromodulation) can lead to long lasting improvements in depression and anxiety for some people, but response is variable. Two neuromodulation techniques with evidence for treating these difficulties are transcranial magnetic stimulation (TMS), which uses magnetic pulses, and transcranial electrical stimulation (tES), which uses weak electric currents. There is some evidence that combining TMS and tES can amplify their individual effects. The aim of this scoping review was to understand the range of ways that TMS and tES have been combined and identify the most promising approaches to take forward to clinical trials. Three databases, Embase, MEDLINE, and APA PsychInfo, were searched for studies that delivered tES and TMS in combination and compared this to single stimulation (i.e., tES or TMS alone). Sixty studies met inclusion criteria. Thirty-six studies focussed on effects of single neuromodulation sessions on measures of brain function in healthy volunteers. These studies consistently found that tES could amplify changes in brain activity elicited by TMS. Twenty-four studies examined the combination of TMS and tES, delivered across multiple sessions, as a treatment for people with health conditions (stroke: nine, Parkinson's disease: 6, depression: 2, tinnitus: 2, bipolar disorder: 1, others: 4). These results were less homogenous, likely due to differences in stimulation parameters, target conditions, and small sample sizes. Further research is needed to systematically compare stimulation approaches and to find the most promising ways in which TMS and tES can be combined, to help more patients obtain more benefit from these well-tolerated neuromodulation techniques.

Poster number	**21**
Title of poster	**'No defence for consent': a study of the Rough Sex Defence in homicide cases.**
*Trigger warning	**This poster contains reference to:** *rape, sexual assault and domestic violence, depression and anxiety, mental health treatment*
Presenter	Holly Verney-Smith
Job title and affiliation	Assistant/Trainee Forensic Psychologist at Chase Farm & Student on Doctorate in Forensic Psychology at Nottingham University

Names and affiliations of co-authors	Dr Simon Duff, University of Nottingham
Abstract	In April 2021, the new Domestic Abuse Bill included an amendment 'No defence for consent to death'. A growing number of defendants were using the rough sex defence highly effectively, resulting in a lesser charge than murder in 45% of cases. Research into the rough sex defence is very limited. Based on previous research into violent sexual assault, both sexual history evidence and the relationship between the defendant and complainant is hypothesised to have an impact on verdict and sentencing perceptions. The study is a 2 x 4 between participants design (presence of sexual history evidence and relationship status) with two dependant variables (verdict and sentence length). Participants are shown one of eight vignettes describing a case where 'rough sex' had led to the death of a female by a male perpetrator. Questions also pertain to the just world hypothesis, pornography and their own sexual behaviours, to decipher whether this has any correlation to verdict or sentence lengths. After being shown the guidance from the Domestic Abuse Bill, participants are asked to make a decision on whether they believe the defendant to be not guilty or guilty of manslaughter or murder. For those who chose manslaughter or murder, they will be asked on a continuous scale how long they believe this sentence should be. The data will provide insight into how people understand the rough sex defence and how relationship information and sexual history evidence might impact this.

End of the 2025 Research Day Abstract Booklet